01/31/2008 12:51

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE 401 N. Lindbergh Blvd ADDRESS (number and street) Check if different than previously St. Louis МО 63141 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00293910 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 12 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. James R. Bowlin Type or Print Name of Treasurer Electronically Filed by James R. Bowlin 0 1 3 1 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003)

Page 2 Write or Type Committee Name AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE [®] D " D 0 7 0 1 2007 1.2 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand Ž007 101754.76 January 1 (b) Cash on Hand at 45819.76 Begining of Reporting Period 224212.50 237777.50 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 270032.26 339532.26 6(a) and 6(c) for Column B) 65750.00 135250.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 204282.26 204282.26 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

0 1 м м 0 7 м м 1 2 3^D1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 212100.00 202300.00 (i) Itemized (use Schedule A) 21912.50 25677.50 (ii) Unitemized (iii) TOTAL (add 224212.50 237777.50 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 224212.50 237777.50 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 224212.50 237777.50 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 224212.50 237777.50 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

Expenditures.....

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

23.

(c) Total Operating Expenditures

Individuals/Persons Other

(such as PACs) (d) Total Contribution Refunds

29. Other Disbursements.....

(a) Shared Federal Election Activity (from Schedule H6)

(i) Federal Share

(ii) "Levin" Share (b) Federal Election Activity Paid Entirely

With Federal Funds (c) Total Federal Election Activity (add

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

32. Total Federal Disbursements

from Line 31).....

Lines 30(a)(i), 30(a)(ii) and 30(b))....

(b) Political Party Committees (c) Other Political Committees

Than Political Committees

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 0.00 0.00 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 65000.00 129500.00 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 750.00 750.00 0.00 0.00 0.00 0.00 750.00 750.00 (add Lines 28(a), (b), and (c)) 0.00 5000.00 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 65750.00 135250.00

65750.00

135250.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	224212.50	237777.50
34.	Total Contribution Refunds (from Line 28(d))	750.00	750.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	223462.50	237027.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Benorts	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any persistence.	FOR LINE NUMBER: PAGE 6 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael J. Bernard Mailing Address 1670 Ashford Cir	NE	Date of Receipt
		07 24 2007
City North Canton	State Zip Code OH 44720-1752	Transaction ID: 3564062
FEC ID number of contributing federal political committee.	OH 44720-1752	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Andrew P. Trapani		Date of Receipt
Mailing Address 10N979 York Lan		07 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564063
Elgin FEC ID number of contributing federal political committee.	IL 60124-6753	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Norman J. Pokley	I	Date of Receipt
Mailing Address 57380 Mt Vernon		07 24 2007
City	State Zip Code	Transaction ID: 3564064
Washington	MI 48094-1902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

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,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 262
	TEMIZED RECEIPTS		for each category of the	(check only one)
	I EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	DONTIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Kevin D. Horner			Date of Receipt
	Mailing Address 2515 W Sleigh Creek Ci	ir		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3564065
	Sioux Falls	SD	57108-3003	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	1	e Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼	1	250.00	
				1
- В.	Full Name (Last, First, Middle Initial) Dr. Albert T. Foy, Jr.			Date of Receipt
	Mailing Address PO Box 230082			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3564066
	Montgomery	AL	36123-0082	Amount of Each Receipt this Period
			00120 0002	
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio		
	Receipt For:		e Year-to-Date V	
	Primary General	Aggregate	1 1 1 1 1 1 1	1
	Other (specify) ▼	0 0	250.00	
- С.	Full Name (Last, First, Middle Initial) Dr. J. Peter Kierl			Date of Receipt
J .	Mailing Address 2509 Thunderwind Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3564067
	Edmond Edmond	OK	73034-6880	Amount of Each Receipt this Period
	FEC ID number of contributing	C	70004 0000	250.00
	federal political committee.			
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:		e Year-to-Date V	_
	Primary General	Aggregate	1 1 1 1 1 1 1	1
	Other (specify) ▼	1	250.00	
				1
Γ				
	CURTOTAL of Descipts This Desc (astisme)		_	750.00
L	SUBTOTAL of Receipts This Page (optional)		······	

SCHEDULE A ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 262 (check only one) X 11a
or for commercial purpo	oses, other than using the name a TEE (In Full)	nts may not be sold or used by any pers and address of any political committee to NTISTS POLITICAL ACTION CO	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last, Fir Dr. Tommy Neil Whit Mailing Address 1 City Collierville FEC ID number of of dederal political com Name of Employer Self-Employed Receipt For: Primary Other (specify	1281 Country Forest Cove St Ti contributing mittee. Cc Ort Agg	ate Zip Code N 38017-8997 supation hodontist gregate Year-to-Date 250.00	Date of Receipt M M M / 24 / 2007 Transaction ID: 3564068 Amount of Each Receipt this Period 250.00
Full Name (Last, Fir Dr. John A. Dorsch Mailing Address 2 City Kansas City FEC ID number of of federal political com Name of Employer Self-Employed Receipt For: Primary Other (specify	435 NE 79th St St M contributing mittee. C Occ Ort Agg	ate Zip Code O 64118-1597 supation hodontist gregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Fir Dr. Eric R. Nease Mailing Address 2 City Spartanburg FEC ID number of of federal political com Name of Employer Self-Employed Receipt For: Primary Other (specify	455 E Main St St St St St Ontributing mittee. C Occ Ort Agg	ate Zip Code C 29307-1415 supation hodontist gregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 3564070 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receip	ots This Page (optional)		750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than u NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any perso sing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
AMERICAN ASSOCIATION OF	ORTHODONTISTS POLITICAL ACTION COM	MIIIIEE	
Full Name (Last, First, Middle Initial) Dr. William K. Fravel		Date of Receipt	
Mailing Address 2515 Kissam Ct		07 24 2007	
City	State Zip Code	Transaction ID: 3564071	
Orlando FEC ID number of contributing federal political committee.	FL 32809-3587	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Kenneth Anthony Norwick		Date of Receipt	
Mailing Address 2680 Island Ct	07 24 YYYY 2007		
City	State Zip Code	Transaction ID: 3564072	
Sylvan Lake FEC ID number of contributing federal political committee.	MI 48320-1518	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Mitchell B. Silverman		Date of Receipt	
Mailing Address 8520 Snakedan	Mailing Address 8520 Snakedance Ct NE		
City Albuquerque	State Zip Code NM 87111-7169	Transaction ID: 3564073 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (opt	tional)	750.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. Robert N. Pickron Mailing Address 5265 Chelsen Woods	s Dr	Date of Receipt
City	State Zip Code	0 7 2 4 2 0 0 7 Transaction ID: 3564074
Duluth	GA 30097-2433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kevin C. Duffy		Date of Receipt
Mailing Address 8419 S 109th E Ave	07 24 7 2007	
City	Transaction ID: 3564075	
<u>Tulsa</u>	OK 74133-2558	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gail E. Schupak		Date of Receipt
Mailing Address 333 E 30th St #21H		07 24 7 2007
City	State Zip Code	Transaction ID: 3564076
New York	NY 10016-6462	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Kathryn Lynn Bielik Mailing Address 1614 N Leavitt St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564077
Chicago	IL 60647-5410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Keith E. MacDonald		Date of Receipt
Mailing Address 6910 E Saddlebad		07 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564078
Mesa FEC ID number of contributing federal political committee.	AZ 85207-0934	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Donald L. Feldman	I	Date of Receipt
Mailing Address 10 N Hill Dr		07 24 2007
City <u>Lynnfield</u>	State Zip Code MA 01940-1050	Transaction ID: 3564079 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	5 A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 262 (check only one)
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may	not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF (
Full Name (Last, First, Middle Initial) Dr. A. Thomas Decker			Date of Receipt
Mailing Address One Ashpord Driv	07 24 2007		
City	State	Zip Code	Transaction ID: 3564080
Albany FEC ID number of contributing federal political committee.	C	12203-4501	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Todd A. Thayer	I		Date of Receipt
Mailing Address 22 N Oaks Rd			07 24 2007
City Saint Paul	State MN	Zip Code 55127-6327	Transaction ID: 3564081 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33127-0327	250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	· · · · · · · · · · · · · · · · ·	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Patricia L. Halloran	I		Date of Receipt
Mailing Address 53 Park Ave			07 24 2007
City	State	Zip Code	Transaction ID: 3564082
Bronxville NY FEC ID number of contributing federal political committee. C		10708-1729	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	nal)		750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 13 / 262 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	or the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Timothy Robert Kuntz Mailing Address 2423 Mohawk Dr.		Date of Receipt
		07 24 2007
City Sioux City	State Zip Code IA 51104-1543	Transaction ID: 3564083 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Tom H. Shelly		Date of Receipt
Mailing Address 714 15th Ave N		07 24 YYYY
City	State Zip Code	Transaction ID: 3564084
Fort Dodge FEC ID number of contributing federal political committee.	IA 50501-7018	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Patrick A. Niland		Date of Receipt
Mailing Address 264 E Mikyl Ridg	e Loop	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564085
<u>Nampa</u>	ID 83686-4952	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti-	onal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 262 (check only one) X 11a		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTISTS POLITICAL ACTION COM	MMITTEE		
Full Name (Last, First, Middle Initial) Dr. Mittida Raksanaves		Date of Receipt		
	Mailing Address 11267 N Canada Creek Dr			
City Tucson	State Zip Code AZ 85737-1510	Transaction ID: 3564086 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Lee M. Romine		Date of Receipt		
Mailing Address 187 Beechwood Ln	07 24 2007			
City	State Zip Code	Transaction ID: 3564087		
Natchitoches	LA 71457-6438	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Robert M. Rosen		Date of Receipt		
Mailing Address 31 Meadowbrook Rd	Mailing Address 31 Meadowbrook Rd			
City	State Zip Code	Transaction ID: 3564088		
Chatham	NJ 07928-2028	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
CURTOTAL of Doccieta This Docc (action of)		750.00		
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·			

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (check only one)
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political con	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
AMERICAN ASSOCIATION OF OR	THODONTISTS POLITICAL ACTI	ON COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Sven Supplies		Date of Receipt
Mailing Address 68 Grist Mill Rd		07 24 2007
City	State Zip Code	Transaction ID: 3564089
Littleton	MA 01460-2255	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	25	50.00
Full Name (Last, First, Middle Initial) Dr. Steven H. Tinsworth		Date of Receipt
Mailing Address 704 51st St NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564096
Bradenton	FL 34209-1932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	25.00
Full Name (Last, First, Middle Initial) Dr. Lawrence B. Evans		Date of Receipt
Mailing Address 1488 Brentford Cov	9	07 27 2007
City	State Zip Code	Transaction ID: 3564097
Snellville	GA 30078-6718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	25	50.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 262 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Michael W. Burke			Date of Receipt
Mailing Address 36026 Ravello Ct	M M / D D / Y Y Y Y Y O T O T O T O T O T O T O T O		
City	Transaction ID: 3564098		
Murrieta FEC ID number of contributing federal political committee.	CA	92562-4657	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David Wayne Engen	I		Date of Receipt
Mailing Address 18020 N Addison Ct City State Zip Code			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Colbert	Transaction ID: 3564099 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	99005-8524	250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Warren T. Johnson, Jr.			Date of Receipt
Mailing Address 2211 Shannon Dr			07 27 2007
City	State	Zip Code	Transaction ID: 3564100
Murfreesboro TN FEC ID number of contributing federal political committee.		37129-1360	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	-1)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 262 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	IODONTIOT	31 OLITICAL ACTION CON	
Dr. Robert W. Fry			Date of Receipt
Mailing Address 12340 Pflumm Rd	Chaha	7in Onda	07 27 2007
City Olathe	State KS	Zip Code 66062-9601	Transaction ID: 3564101 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Valmy Pangrazio- Kulbersh Mailing Address 1417 Cedar Bend Dr			Date of Receipt
City	State	Zip Code	0 7 2 7 2 0 0 7 Transaction ID: 3564102
Bloomfield Hills	MI	48302-1920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael L. Mizell			Date of Receipt
Mailing Address 319 Longwoods Ln			07 27 Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564103
Houston	TX	77024-5615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gregory W. Sanford Mailing Address 91 Kettle Creek Rd			Date of Receipt
City	State	Zip Code	0 7 2 7 2 0 0 7 Transaction ID: 3564104
Weston	CT	06883-2209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Paul Sasaki			Date of Receipt
Mailing Address 120 Capistrano Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564105
Los Gatos	CA	95032-1104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Ronald N. Cummings			Date of Receipt
Mailing Address 1378 Timberlane Rd			07 27 2007
City	State	Zip Code	Transaction ID: 3564106
Tallahassee	FL	32312-1766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 262 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	<u> </u>		
Full Name (Last, First, Middle Initial) Dr. James D. Harkins			Date of Receipt
Mailing Address 218 Windsor Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Coraopolis	State PA	Zip Code 15108-3258	Transaction ID: 3564107 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13100-3230	250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas G. Wilson			Date of Receipt
Mailing Address 1641 Plum Thicket	Ln		07 27 2007
City	State	Zip Code	Transaction ID: 3564108
West Des Moines	IA	50266-6604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Edward Stan Key			Date of Receipt
Mailing Address 1706 Cheyenne Tr			07 27 2007
City	State	Zip Code	Transaction ID: 3564109
Graham FEC ID number of contributing federal political committee.	C	76450-5002	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 262 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
AMERICAN ASSOCIATION OF ORTH	IODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. David E. Paquette			Date of Receipt
Mailing Address 105 Masthead Ct			07 27 2007
City Mooresville	State NC	Zip Code 28117-6043	Transaction ID: 3564110 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2017 0010	250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas O. Burns			Date of Receipt
Mailing Address 1342 Lockwood Dr			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Lafayette</u>	State IN	Zip Code 47905-8434	Transaction ID: 3564111
FEC ID number of contributing federal political committee.	C	47303 0404	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Corbin J. Turpin, III			Date of Receipt
Mailing Address 1402 E Georgia			07 27 2007
City	State	Zip Code	Transaction ID: 3564112
Ruston FEC ID number of contributing federal political committee.	C	71270-4079	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number of	only)		

Any information copied from such Reports and Stat or for commercial purposes, other than using the new NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO Full Name (Last, First, Middle Initial) Dr. Peter F. Bayer Mailing Address 257 Miracle Strip Pkwy V City Mary Esther	DONTISTS POLITICAL ACTION COMI	Date of Receipt 0 7 2 7 2 0 0 7
Dr. Peter F. Bayer Mailing Address 257 Miracle Strip Pkwy V City Mary Esther	State Zip Code	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	FL 32569-1971	Transaction ID: 3564113 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jennifer J. Lowney Mailing Address 444 Fitchville Rd		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564114
Bozrah FEC ID number of contributing federal political committee.	CT 06334-1004	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	_
Other (specify)		
Full Name (Last, First, Middle Initial) Dr. Dorothy E. Whalen Mailing Address 777 Remsen's Ln		Date of Receipt 0 7 2 7 2 0 0 7
City	State Zip Code	Transaction ID: 3564115
Oyster Bay	NY 11771-4506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist]
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·····	750.00

				_	
9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 262	
	TEMIZED RECEIPTS	for each category of the		(check only one)	
ı	I EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12	
_				13 14 15 16 17	
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	MITTEE	
∠ A .	Full Name (Last, First, Middle Initial) Dr. Charles Calvin Harrington			Date of Receipt	
	Mailing Address 140 Treehaven St			07 27 2007	
	City	State	Zip Code	Transaction ID: 3564116	
	Gaithersburg	MD	20878-5747	Amount of Each Receipt this Period	
				7 thouse of East Proposition Follow	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation		7	
	Receipt For:		Year-to-Date ▼		
	Primary General	riggrogato		1	
	Other (specify)		250.00		
				1	
– В.	Full Name (Last, First, Middle Initial) Dr. William R. Caryl, Jr.			Date of Receipt	
	Mailing Address 210 Ellington Ct			M M / D D / Y Y Y Y	
				07 27 2007	
	City	State	Zip Code	Transaction ID: 3564117	
	Camillus	NY	13031-2049	Amount of Each Receipt this Period	
	FEC ID number of contributing		* * * * * *	050.00	
	federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodor			
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General	33 13		1	
	Other (specify)		250.00		
_ С.	Full Name (Last, First, Middle Initial) Dr. Todd H. Rankin			Date of Receipt	
	Mailing Address 801 Trilliums Hideaway			M M / D D / Y Y Y Y Y O T O T O T O T O T O T O T O	
	City	State	Zip Code	Transaction ID: 3564118	
	Trent Woods	NC	28562-8364	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Self-Employed	Occupation			
	Receipt For:	-	Year-to-Date V	+	
	Primary General	Ayyreyale	- 1 0al-10-Dat€ ▼	1	
	Other (specify)		250.00		
		0 0	0 0 0 0 0 0 0	4	
Г					
				750.00	
L	SUBTOTAL of Receipts This Page (optional)		······		

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 262 (check only one) X 11a 11b 11c 12	
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any persoing the name and address of any political committee to	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)	ORTHODONTISTS POLITICAL ACTION COM		
Full Name (Last, First, Middle Initial) Dr. Michael S. Apton		Date of Receipt	
Mailing Address 5 N Ridge Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 3564119	
Setauket FEC ID number of contributing federal political committee.	NY 11733-1655	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Heather A. M. Woloshyn		Date of Receipt	
Mailing Address PO Box 54175		07 27 2007	
City	State Zip Code	Transaction ID: 3564120	
Redondo	WA 98054-0175	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Shawn Lehman-Grimes	L	Date of Receipt	
Mailing Address 304 N Oak St		07 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Springfield	State Zip Code TN 37172-2303	Transaction ID: 3564121 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist	1	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receints This Page (ontin	onal)	750.00	

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 262 (check only one) X
Any in	formation copied from such Reports and S commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
1 \	ME OF COMMITTEE (In Full) MERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION COM	MITTEE
	ll Name (Last, First, Middle Initial) Carly Cunningham			Date of Receipt
	iling Address 3400 Welborn St #428			07 24 2007
City	y allas	State TX	Zip Code	Transaction ID: 3564127
FE	C ID number of contributing leral political committee.	C	75219-5215	Amount of Each Receipt this Period 250.00
Na Se	me of Employer lf-Employed	Occupation		
Re	ceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	Il Name (Last, First, Middle Initial) Andrew Hayes			Date of Receipt
Ма	iling Address 165 Hickory Tree Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	у	State	Zip Code	Transaction ID: 3564128
<u>Ba</u>	allwin	MO	63011-3869	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		250.00
Na Se	me of Employer lf-Employed	Occupation Orthodor		
Re	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
	Il Name (Last, First, Middle Initial) Jack P. Devereux, Jr.			Date of Receipt
Ма	iling Address 100 Wycliff Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	•	State	Zip Code	Transaction ID: 3564132
<u>Sli</u>	dell	LA	70461-5056	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		500.00
Se	me of Employer lf-Employed	Occupation Orthodor	ntist	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	FOTAL of Receipts This Page (optional)	<u> </u>	_	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 25 / 262 (check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	IMITTEE	
∠ A .	Full Name (Last, First, Middle Initial) Dr. Sheila Birth			Date of Receipt	
	Mailing Address 2802 Summertree Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 3564138	
	Colleyville	TX	76034-5136	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupatio Orthodor			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 250.00		
_	Other (specify) ▼	0 0	0 0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Dr. Sammy R. Bryan			Date of Receipt	
	Mailing Address 2200 Robinson Way			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 3564141	
	Huntsville	TX	77340-5525	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupatio Orthodor			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
- С.	Full Name (Last, First, Middle Initial) Dr. Randall C. Welser			Date of Receipt	
	Mailing Address 3867 35th Ave Ct			07 24 2007	
	City <u>Moline</u>	State IL	Zip Code 61265-7877	Transaction ID: 3564142 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupatio Orthodor			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
	SUBTOTAL of Receipts This Page (optional)			750.00	
L			•		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person ng the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Robert S. Strange Mailing Address 606 Lasswell Ct S	SW	Date of Receipt
		07 27 2007
City Leesburg	State Zip Code VA 20175-5023	Transaction ID: 3564145
FEC ID number of contributing federal political committee.	C 20173-3023	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard A. Battistoni	L	Date of Receipt
Mailing Address 900 S Spring Ave		07 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564146
La Grange FEC ID number of contributing federal political committee.	IL 60525-2757	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael Harley Sebastian	I	Date of Receipt
Mailing Address 1035 Angelo Ct		07 27 YYYY 2007
City <u>Atlanta</u>	State Zip Code GA 30319-1041	Transaction ID: 3564148 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	nal)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 262 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John M. Capogna Mailing Address 1292 Merritts Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564150
Farmingdale FEC ID number of contributing federal political committee.	C	11735-1841	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodont	ist	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. J. Courtney Gorman			Date of Receipt
Mailing Address 2407 Overlook Rd	Ctata	7:n Codo	07 27 2007
City Marion	State IN	Zip Code 46952-1123	Transaction ID: 3564155 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodont	ist	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. James Brian Indiveri			Date of Receipt
Mailing Address 13121 Cedar			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City <u>Leawood</u>	State KS	Zip Code 66209-3464	Transaction ID: 3564157 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodont	ist	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	lse separate schedule(s) or each category of the oetailed Summary Page	FOR LINE NUMBER: PAGE 28 / 262 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	ne name and address	s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael R. Bailey Mailing Address 4134 Hili St			Date of Receipt
City Lihue FEC ID number of contributing	HI	Zip Code 96766-1613	Transaction ID: 3564158 Amount of Each Receipt this Period
federal political committee. Name of Employer Self-Employed Receipt For:	Occupation Orthodontist	r-to-Date ▼	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Fou	250.00	
Dr. Timothy Allen Theisen Mailing Address 860 Biester Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Belvidere	State IL	Zip Code 61008-4053	Transaction ID: 3564159
FEC ID number of contributing federal political committee.	C	01000-4033	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James E. Hatcher	1		Date of Receipt
Mailing Address 147 Inwood Tr			07 02 7 2007
City Madison	State AL	Zip Code	Transaction ID: 3564163
FEC ID number of contributing federal political committee.	C	35758	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)		_	750.00
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Richard D. Christensen Mailing Address 7025 Scenic Dr City	State Zip Code	Date of Receipt 0 7 2 7 2 0 0 7
Yakima FEC ID number of contributing federal political committee.	WA 98908-1088	Transaction ID: 3564165 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Mart Gaynor McClellan Mailing Address 1133 Edgewood Rd City Lake Forest FEC ID number of contributing federal political committee.	State Zip Code L 60045-1308	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. David C. Small Mailing Address 7769 Pinecone Ln		Date of Receipt M M
City Hickory FEC ID number of contributing federal political committee.	State Zip Code NC 28602-7491	Transaction ID: 3564179 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	l)	750.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 262 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
AMERICAN ASSOCIATION OF ORTHO	DDONTISTS POLITICAL ACTION CON	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Kevin T. Race		Date of Receipt
Mailing Address N53 W34456 Rd Q		07 24 2007
City	State Zip Code	Transaction ID: 3564183
Okauchee	WI 53069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark James Kearns		Date of Receipt
Mailing Address 5 Shoff Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564188
Mechanicsburg	PA 17055-9317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Warren M. Schacter		Date of Receipt
Mailing Address 24955 Lewis & Clark		07 24 2007
City Hidden Hills	State Zip Code CA 91302-1139	Transaction ID: 3564190 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 262 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION COI	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Steven M. Austin			Date of Receipt
Mailing Address 418 S Poplar St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lincolnton	State NC	Zip Code 28092-3326	Transaction ID: 3564196 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20032 0020	250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Diana T. Malone Mailing Address 26 Ften Creen Circ			Date of Receipt
Mailing Address 26 Eton Green Cir		7:0.1	07 27 2007
City San Antonio	State TX	Zip Code 78257-1635	Transaction ID: 3564199 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Massimo Vincenzo Verduci			Date of Receipt
Mailing Address 1148 Lake Dr			0 7 2 4 2 0 0 7
City Robbinsville	State NJ	Zip Code 08691-4169	Transaction ID: 3564200 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 262 (check only one) X 11a
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	AMERICAN ASSOCIATION OF ORTH	HODONTIST	5 POLITICAL ACTION CON	WIMITTEE
Α.	Dr. Chris Parkinson Mailing Address 26702 Country Meado	w I n		Date of Receipt
			7: 0 1	07 02 2007
	City Kennewick	State WA	Zip Code 99338-7379	Transaction ID: 3564202 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	99000-1019	250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— 3.	Full Name (Last, First, Middle Initial) Dr. Corey J. Teguis			Date of Receipt
	Mailing Address 3 Orchard Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3564209
	Kennebunk FEC ID number of contributing federal political committee.	ME C	04043-6700	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 }.	Full Name (Last, First, Middle Initial) Dr. Brett Edward Eckley			Date of Receipt
	Mailing Address 209 Dogwood Ct			0 7 2 4 Y Y Y Y Y
	City Daniels	State WV	Zip Code 25832-9203	Transaction ID: 3564210 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		7
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RTHODONTIST	S POLITICAL ACTION COM	/MITTEE
Full Name (Last, First, Middle Initial) Dr. Thomas H. Williams			Date of Receipt
Mailing Address PO Box 1241 City	State	Zip Code	0 7 2 4 2 0 0 7 Transaction ID: 3564212
Wewoka	OK	74884-1241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7 1004 1241	250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Larson R. Keso			Date of Receipt
Mailing Address 3001 Ridgewood D)r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564217
Edmond	OK	73013-8085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Gul R. Lalwani	I		Date of Receipt
Mailing Address 32 Rollingwood Dr			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 3564223
Voorhees	NJ	08043-2809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
SUBTOTAL of Receipts This Page (option:			750.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC FO	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 1
	reports and Statements may not be sold or used by any phan using the name and address of any political committee.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Fu AMERICAN ASSOCIATION	I) I OF ORTHODONTISTS POLITICAL ACTION (COMMITTEE
Full Name (Last, First, Middle In Dr. John H. Ferguson Mailing Address 163 P A Jo		Date of Receipt
PO Box 850)	07 / 24 / 2007
City <u>Milledge</u> ville	State Zip Code GA 31061-7815	Transaction ID: 3564226
FEC ID number of contributing federal political committee.	C 31001-7613	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle In Dr. Robert L. Loeb	tial)	Date of Receipt
Mailing Address 716 Nature	•	07 24 2007
City Franklin Lakes	State Zip Code NJ 07417-1425	Transaction ID: 3564227
FEC ID number of contributing federal political committee.	C 07417-1425	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle In Dr. Bruce R. Molen	tial)	Date of Receipt
Mailing Address 714 W Hi C	rest Dr	07 27 YYYY 2007
City	State Zip Code	Transaction ID: 3564229
Auburn FEC ID number of contributing federal political committee.	WA 98001-3835	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CUPTOTAL of Descints This Des	e (optional)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
or t	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used ename and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORTI	HODONTISTS POLITICAL AC	TION COMMITTEE
	Full Name (Last, First, Middle Initial) Dr. Kerry W. Kirsch		Date of Receipt
	Mailing Address 928 Winterset Rd		07 24 7 2007
	City	State Zip Code PA 15931-5115	Transaction ID: 3564231
	Ebensburg FEC ID number of contributing federal political committee.	PA 15931-5115	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
	Full Name (Last, First, Middle Initial) Dr. Robert S. Martin		Date of Receipt
	Mailing Address 11705 Woodland Driv	9	07 24 2007
	City	State Zip Code	Transaction ID: 3564232
	Lutherville	MD 21093-1520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
	Full Name (Last, First, Middle Initial) Dr. Larry A. Okmin		Date of Receipt
	Mailing Address 11048 Via Temprano		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: 3564234
	San Diego FEC ID number of contributing federal political committee.	CA 92124-2222	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
	JBTOTAL of Receipts This Page (optional) .	1	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to IODONTISTS POLITICAL ACTION COM	
AMERICAN ASSOCIATION OF ORTH	IODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. James L. Ferguson, Jr.		Date of Receipt
Mailing Address 118 Pebble View		07 24 2007
City	State Zip Code	Transaction ID: 3564235
Franklin	TN 37064-2913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Don R. Guest	<u> </u>	Date of Receipt
Mailing Address 812 Hudis St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564237
Rohnert Park	CA 94928-1446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William S. Lieber		Date of Receipt
Mailing Address 627 Mia Court		07 27 YYYYY 27 2007
City	State Zip Code	Transaction ID: 3564246
<u>Danville</u>	CA 94526-3544	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
A.	Full Name (Last, First, Middle Initial) Dr. Thomas A. Daniels Mailing Address 11898 Moore Woods Ro			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3564256
	Roscoe	IL	61073-9668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Eloisa S. Garcia	Date of Receipt		
	Mailing Address 214 Keystone			07 24 2007
	City	State	Zip Code	Transaction ID: 3564264
	River Forest	IL	60305-2022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial)			B. (B.)
C.	Dr. William J. Kottemann Mailing Address 835 Partenwood Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Orono	State MN	Zip Code 55356-9730	Transaction ID: 3564265 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM			
Full Name (Last, First, Middle Initial) Dr. T. Barrett Trotter		Date of Receipt		
Mailing Address 13 Bristlecone Way	/ State Zip Code	0 7 2 4 2 0 0 7 Transaction ID: 3564273		
Augusta	GA 30909-4536	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Philbert C. Doleac, Jr. Mailing Address 1927 NE Thompso	n	Date of Receipt		
Mailing Address 1927 NE 1110111ps0	Maining Address 1927 NE Thompson			
City	State Zip Code	Transaction ID: 3564274		
<u>Portland</u>	OR 97212-4625	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Walter S. Vuchnich	-	Date of Receipt		
Mailing Address 100 Bridlewood PI		07 24 2007		
City	State Zip Code	Transaction ID: 3564277		
Concord FEC ID number of contributing federal political committee.	NC 28025-9500	Amount of Each Receipt this Period 250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional	al)	750.00		
	aber only)			

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr. Richard D. Talbot Mailing Address 5944 Granite Glen Ct City Granite Bay FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code CA 95746-6778 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564286 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Thomas Barry Clower Mailing Address 236 Smokerise Trace City Peachtree City FEC ID number of contributing federal political committee.	State Zip Code GA 30269-1378 C	Date of Receipt M M Z 7 Z 7 Z 0 0 7 Transaction ID: 3564288 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For:	Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Mailing Address 4010 Wildcat Rd City Croswell FEC ID number of contributing	State Zip Code MI 48422-9152	Transaction ID: 3564308 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 262 (check only one)
ı	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Start for commercial purposes, other than using the r	atements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		· ·	
	AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. R. Cree Hamilton			Date of Receipt
	Mailing Address 1900 Fox Canyon Cir			07 27 2007
	City	State	Zip Code	Transaction ID: 3564310
	Las Vegas	NV	89117-1947	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self-Employed	Occupatio		
	Receipt For:		e Year-to-Date V	
	Primary General		1000.00	
	Other (specify)	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. James J. Awbrey, IV			Date of Receipt
	Mailing Address 1210 Troon Ct			07 24 2007
	City	State	Zip Code	Transaction ID: 3564320
	Alpharetta	GA	30005-6959	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
-	Full Name (Last, First, Middle Initial)			
C.	Dr. W. Ray Sprayberry Mailing Address 426 Cordillera Trace			Date of Receipt
	- 426 Corumera Trace			07 27 2007
	City	State	Zip Code	Transaction ID: 3564321
	Boerne	TX	78006-5722	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodox		
	Receipt For:	_	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
				1500.00
	SUBTOTAL of Receipts This Page (optional)		<u> </u>	1300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 262 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	tatements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. John L. Schuler Mailing Address 4017 Tangleoaks Ct City Peoria FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IL 61615-8909 C Occupation Orthodontist Aggregate Year-to-Date 500.00	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. David C. Spokane Mailing Address 108 Brian Dr City Beaver FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code PA 15009-9794 C Occupation Orthodontist Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Pamela Johnson Mailing Address 5448 Bending Oaks Pl City Downers Grove FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60515-4457 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 42 / 262 (check only one) X
	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO Full Name (Last, First, Middle Initial)			
Α.	,			Date of Receipt M M
	City	State	Zip Code	Transaction ID: 3564336
	Belvidere FEC ID number of contributing federal political committee.	C	61008-7415	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodol Aggregate		
- В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Thomas Cavanaugh Mailing Address 1848 Ashton Way		Date of Receipt M	
	City	State	Zip Code	Transaction ID: 3564339
	Chesterfield	MO	63005-4580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupatio Orthodo	ntist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Michael D. Williams			Date of Receipt
	Mailing Address 130 Cedar Woods Trail			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City <u>Canton</u>	State GA	Zip Code 30114-9793	Transaction ID: 3564341 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 262 (check only one) X 11a			
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
AMERICAN ASSOCIATION OF C	ORTHODONTISTS POLITICAL ACTION COM	MMITTEE			
Full Name (Last, First, Middle Initial) Dr. D. Spencer Pope Mailing Address 19337 Cormoy Ln		Date of Receipt			
		07 24 2007			
City Tiplov Bork	State Zip Code IL 60487-7716	Transaction ID: 3564347			
Tinley Park FEC ID number of contributing federal political committee.	IL 60487-7716	Amount of Each Receipt this Period 250.00			
Name of Employer Self-Employed	Occupation Orthodontist	7			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. John M. Kelley, Jr.					
Mailing Address 2321 Winton Terr	07 27 2007				
City	State Zip Code	Transaction ID: 3564350			
Fort Worth	TX 76109-1163	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]			
Full Name (Last, First, Middle Initial) Dr. Samuel G. Smith	l	Date of Receipt			
Mailing Address 1662 S Lake Cres	Mailing Address 1662 S Lake Crest Way				
City Eagle	State Zip Code ID 83616-7142	Transaction ID: 3564358 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (option	nal)	750.00			

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 44 / 262 (check only one) X 11a
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION			on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last, First, Middle Initian Dr. Richard L. Molen Mailing Address 11901 216th City Bonney Lake FEC ID number of contributing federal political committee. Name of Employer Self-Employed	Ave Ct E State Zip	Code 391-7273	Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 250.00	
Full Name (Last, First, Middle Initian Dr. Xiaohong Chu Mailing Address 1429 Stillfore	st Dr		Date of Receipt 0 7 2 7 2 0 0 7
City Allen FEC ID number of contributing federal political committee.		Code 002-4955	Transaction ID: 3564365 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to	-Date ▼ 250.00	
Full Name (Last, First, Middle Inition Dr. Darren B. Ravassipour Mailing Address 149 Littrell D	<i>'</i>		Date of Receipt 0 7 2 4 2 0 0 7
City Medford FEC ID number of contributing	•	Code 504-7785	Transaction ID: 3564368 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	optional)	······	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 262 (check only one) X		
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoing the name and address of any political committee to ORTHODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dr. Michael J. Hilgers	04	Date of Receipt		
Mailing Address 21163 W Green S	Mailing Address 21163 W Green St			
City	State Zip Code	Transaction ID: 3564371		
Buckeye FEC ID number of contributing federal political committee.	AZ 85396-7603	Amount of Each Receipt this Period 250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Ron D. Wilson		Date of Receipt		
Mailing Address 5761 Cleveland H	07 27 YYYY 27 2007			
City	State Zip Code	Transaction ID: 3564372		
Clermont FEC ID number of contributing federal political committee.	GA 30527-2208	Amount of Each Receipt this Period 250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Chalk Fry		Date of Receipt		
Mailing Address 7438 Montgomer	y Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: 3564373		
Cincinnati	OH 45236-4195	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist	1		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optic	onal)	750.00		

I 7	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and State	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 46 / 262 (check only one) X
A.	or for commercial purposes, other than using the name of COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO Full Name (Last, First, Middle Initial) Dr. Louis J. Russo, Jr.			
Λ.	Mailing Address 135 Montadale Dr City	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Princeton FEC ID number of contributing federal political committee.	NJ	08540-7675	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupatio Orthodor Aggregate		
В.	Full Name (Last, First, Middle Initial) Dr. Ernst K. Janzen Mailing Address 2240 Chestnut Street City Northbrook FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State IL C Occupatio Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564380 Amount of Each Receipt this Period 250.00
_ C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. S. Edwin Noffel		250.00	Date of Receipt
	Mailing Address 2435 Brookwood City Cape Girardeau FEC ID number of contributing federal political committee.	State MO	Zip Code 63701-2416	Transaction ID: 3564381 Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupatio Orthodor Aggregate		
[;	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any person the name and address of any political committee to STHODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr. Daniel C. Peavy, Jr. Mailing Address 627 Lamont City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 78209-3643 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M 2 2 4 2 0 0 7 Transaction ID: 3564389 Amount of Each Receipt this Period 250.00	
Full Name (Last, First, Middle Initial) Dr. Curtis Friedenberg Mailing Address 331 Sunset Dr City Cumberland FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MD 21502-1920 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 3564394 Amount of Each Receipt this Period 250.00	
Full Name (Last, First, Middle Initial) Dr. Samuel B. Mayfield Mailing Address 5124 North Dr City Moss Point FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MS 39563-2007 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
SUBTOTAL of Receipts This Page (optional)		750.00	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI			
A.	Full Name (Last, First, Middle Initial) Dr. Robert I. Schacter Mailing Address 24955 Lewis & Clark I	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 3564399
	Hidden Hills FEC ID number of contributing federal political committee.	CA	91302-1139	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodo Aggregate		
- В.	Full Name (Last, First, Middle Initial) Dr. Daniel R. Fiehrer Mailing Address Box 811			Date of Receipt
	City Helena FEC ID number of contributing federal political committee.	State MT	Zip Code 59624-0811	0 7 2 4 2 0 0 7 Transaction ID: 3564404 Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthodo Aggregate		
- С.	Full Name (Last, First, Middle Initial) Dr. Dennis L. Granberry Mailing Address 105 Darby Rd			Date of Receipt
	City Hattiesburg	State MS	Zip Code 39402-2307	Transaction ID: 3564406 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			750.00

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,	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 49 / 262			
	TEMIZED RECEIPTS		for each category of the	(check only one)			
	I EWIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12			
-				13 14 15 16 17			
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements mag ame and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	AMERICAN ASSOCIATION OF ORTHO	DONTIST	TS POLITICAL ACTION COM	MITTEE			
∠ A .	Full Name (Last, First, Middle Initial) Dr. David E. Smith	Date of Receipt					
	Mailing Address 31550 Paseo Goleta						
	City	State	Zip Code	Transaction ID: 3564410			
	Temecula	CA	92592-6437	Amount of Each Receipt this Period			
				7 thouse of East Proposition 1 shou			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self-Employed	Occupatio					
	Receipt For:		e Year-to-Date V				
	Primary General	Aggregate		1			
	Other (specify)		250.00				
				1			
- В.	Full Name (Last, First, Middle Initial) Dr. David A. Romeo			Date of Receipt			
	Mailing Address 6 Orchard Hill Rd	M M / D D / Y Y Y Y					
		07 24 2007					
	City	State	Zip Code	Transaction ID: 3564412			
	Norwalk	CT	06851-3421	Amount of Each Receipt this Period			
	FEC ID number of contributing			050.00			
	federal political committee.	C		250.00			
	Name of Employer Self-Employed	Occupatio Orthodor					
	Receipt For:	Aggregate	e Year-to-Date				
	Primary General	00 0		1			
	Other (specify)	0 0	250.00				
с. С.	Full Name (Last, First, Middle Initial) Dr. Mark Collons			Date of Receipt			
	Mailing Address 4310 Cherry Hills Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 3564413			
	Tarzana	CA	91356-5406	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
		10					
	Name of Employer Self-Employed	Occupatio Orthodor					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		250.00				
	Other (specify)		230.00				
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Γ							
	SUBTOTAL of Receipts This Page (optional)			750.00			
L			<u>_</u>	-			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	THODONTISTS POLITICAL ACTION COM	иміттее			
Full Name (Last, First, Middle Initial) Dr. William D. Paulus		Date of Receipt			
Mailing Address 8568 MacKenzie Av		07 / 27 / 2007			
City	State Zip Code	Transaction ID: 3564420			
North Canton FEC ID number of contributing federal political committee.	OH 44720-9526	Amount of Each Receipt this Period 250.00			
Name of Employer Self-Employed	Occupation				
Receipt For:	Orthodontist	_			
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Robert J. Manasse					
Mailing Address 795 Brookwood Dr	Mailing Address 795 Brookwood Dr				
City	State Zip Code	Transaction ID: 3564422			
Olympia Fields	IL 60461-1536	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Dr. Terry Tippin		Date of Receipt			
Mailing Address 4694 Carlton Dunes	Dr #4	07 24 2007			
City	State Zip Code	Transaction ID: 3564428			
Fernandina Beach	FL 32034-5585	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General	Aggregate Year-to-Date ▼	-			
Other (specify) ▼	250.00				
SUBTOTAL of Receipts This Page (optional)	750.00			
	per only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 262 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Gregory Thomas Cohlmia Mailing Address 14805 Le Grande City Addison FEC ID number of contributing federal political committee.	State TX	Zip Code 75001-4912	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodor		
3.	Full Name (Last, First, Middle Initial) Dr. John S. Clark Mailing Address 30 Emerald Row	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Hattiesburg FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State MS C Occupation	Zip Code 39402-7951	Transaction ID: 3564431 Amount of Each Receipt this Period 250.00
	Self-Employèd Receipt For: Primary General Other (specify) ▼	Orthodor		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Kenneth Murphy Mailing Address 7 Mockingbird Ln	Date of Receipt 0 7 2 4 2 0 0 7		
	City Hackettstown	State NJ	Zip Code 07840-2809	Transaction ID: 3564432 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		\	750.00

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9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 262
	TEMIZED RECEIPTS		for each category of the	(check only one)
•	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	MITTEE
∠ A .	Full Name (Last, First, Middle Initial) Dr. Carroll L. Sherman	Date of Receipt		
	Mailing Address #2 Steeplechase Trl	07 27 2007		
	City	State	Zip Code	Transaction ID: 3564434
	Longview	TX	75605-7561	Amount of Each Receipt this Period
				7 thouse of East Proposition Police
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:		e Year-to-Date ▼	
	Primary General	Aggregate		1
	Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Gary R. Wolf			Date of Receipt
-	Mailing Address 204 S Main St	M M / D D / Y Y Y Y		
				07 27 2007
	City	State	Zip Code	Transaction ID: 3564439
	<u>Milan</u>	OH	44846-9478	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio		
	Receipt For:	1	e Year-to-Date ▼	
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	250.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. Gayle Glenn			Date of Receipt
J .	Mailing Address 3922 Travis St #12			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3564449
	<u>Dallas</u>	TX	75204-1765	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	-	e Year-to-Date 🔻	_
	Primary General	, iggi cgale		1
	Other (specify) ▼		500.00	
				1
Г				
	OUDTOTAL (D. 11. TH. T. 11. T. T. 11. T. T. 11. T.			1000.00
L	SUBTOTAL of Receipts This Page (optional)		<u> </u>	1000.00

ITEN Any in	IEDULE A (FEC Form 3X) MIZED RECEIPTS formation copied from such Reports and Sta	atements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
NA AN	commercial purposes, other than using the notice of COMMITTEE (In Full) MERICAN ASSOCIATION OF ORTHO			
A. <u>Dr.</u>	I Name (Last, First, Middle Initial) Robert N. Seebold iling Address 5 Breezy Ct	Date of Receipt M		
	nville	State PA	Zip Code 17821-8116	Transaction ID: 3564455 Amount of Each Receipt this Period
fed	C ID number of contributing eral political committee. me of Employer lf-Employed	C	1	250.00
	lf-Employèd ⊂ ceipt For: Primary General Other (specify) ▼	Orthodor Aggregate	ritist Year-to-Date ▼ 250.00	
B. <u>Dr.</u>	I Name (Last, First, Middle Initial) Michael G. Durbin illing Address 408 Cherry Creek Ln	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y		
FE(ospect Heights C ID number of contributing eral political committee.	State IL	Zip Code 60070-1095	Transaction ID: 3564469 Amount of Each Receipt this Period 250.00
Sel	me of Employer If-Employed ceipt For: Primary General Other (specify)	Occupation Orthodor Aggregate		
C. <u>Dr.</u>	I Name (Last, First, Middle Initial) John M. Sleichter illing Address 2761 Edgeview Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Mu</u>	y uscatine	State IA	Zip Code 52761-9785	Transaction ID: 3564475 Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
	me of Employer If-Employed	Occupation Orthodor	ntist	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBT	TOTAL of Receipts This Page (optional)		·····	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11			
	Statements may not be sold or used by any persone name and address of any political committee to				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	THODONTISTS POLITICAL ACTION COM	IMITTEE			
Full Name (Last, First, Middle Initial) Dr. David R. Behringer Mailing Address 1366 Ironwood Ct	Dr. David R. Behringer				
City	State Zip Code	0 8 0 1 2 0 0 7 Transaction ID: 3564476			
Defiance	OH 43512-8544	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Lee W. Graber					
Mailing Address 21350 W Lakeview P	0 8 0 1 2 0 0 7 Transaction ID: 3564477				
City	State Zip Code				
Mundelein	IL 60060-9603	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Richard M. Garlitz		Date of Receipt			
Mailing Address 3145 Laurel Ridge Ro					
City	State Zip Code	Transaction ID: 3564478			
Hickory	NC 28601-9049	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
SUBTOTAL of Receipts This Page (optional)		750.00			
TOTAL This Period (last page this line number	·				

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C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 262 (check only one)				
ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12				
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)		·					
AMERICAN ASSOCIATION OF ORTH	AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COM						
Full Name (Last, First, Middle Initial) Dr. Alvin J. Tight, II			Date of Receipt				
Mailing Address 2116 NE 45th St			08 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: 3564479				
Fort Lauderdale	FL	33308-4725	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Self-Employed	Occupation Orthodor						
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼		250.00					
Full Name (Last, First, Middle Initial) Dr. Bruce Kelly Reeder			Date of Receipt				
Mailing Address 12300 NW Pecan Cree	k Dr		08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: 3564480				
<u>Lawton</u>	<u>OK</u>	73505-9757	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Self-Employed	Occupation Orthodor						
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		250.00					
Full Name (Last, First, Middle Initial) Dr. Christian G. Zylinski			Date of Receipt				
Mailing Address 3920 NW 68th			0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: 3564481				
Oklahoma City	OK	73116-1819	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Self-Employed	Occupation Orthodor						
Receipt For:		Year-to-Date V					
Primary General		250.00	1				
Other (specify) ▼		200.00	1				
SUBTOTAL of Receipts This Page (optional)		.	750.00				

A.

В.

C.

			FOR LINE NUMBER DAGE 50 / 000		
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 262 (check only one)		
ITEMIZED RECEIPTS		for each category of the			
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	In the sold or used by any persordress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)					
AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	MMITTEE		
Full Name (Last, First, Middle Initial) Dr. Lawrence A. Johnson			Date of Receipt		
Mailing Address 1950 Cliffview Ct			08 01 7 2007		
City	State	Zip Code	Transaction ID: 3564482		
<u>Oshkosh</u>	WI	54901-2579	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupatio Orthodor				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. G. Michael Kabot			Date of Receipt		
Mailing Address 2626 W Long Lake Rd			0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 3564483		
West Bloomfield	MI	48323-1830	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupatio Orthodor				
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		250.00			
Full Name (Last, First, Middle Initial) Dr. Brenda Chockley			Date of Receipt		
Mailing Address 6805 E 117th PI S			0 8 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 3564484		
Bixby	OK	74008-8200	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			250.00		
Name of Employer Self-Employed	Occupatio Orthodor				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
	1		750.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11				
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso ne name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION COM	IMITTEE				
Full Name (Last, First, Middle Initial) Dr. Marvin G. Stephens, Jr. Mailing Address 5801 Covey Ln	Dr. Marvin G. Stephens, Jr.					
		08 01 2007				
City <u>Tyler</u>	State Zip Code TX 75703-4502	Transaction ID: 3564485 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Self-Employed	Occupation Orthodontist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Dr. Jeffrey W. Vecere						
Mailing Address 12 Romney PI E		0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: 3564486				
Cape May Court Hou	NJ 08210-2143	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Self-Employed	Occupation Orthodontist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Dr. A. Wright Pond, Sr.		Date of Receipt				
Mailing Address 1025 Avon Ct		0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: 3564487				
Colonial Heights	VA 23834-1931	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer Self-Employed	Occupation Orthodontist					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	500.00					
SUBTOTAL of Receipts This Page (optional)	_	1000.00				
TOTAL This Period (last page this line number	·					

SCHEDULE A (FEC Form 3X)

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 262 (check only one) X
NAME OF C	OMMITTEE (In Full)		y not be sold or used by any personders of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Dr. Malcolm E Mailing Addre City Deland FEC ID numbred federal politic Name of Employe	per of contributing al committee.	State FL C Occupation Orthodor	ntist	Date of Receipt M M M O 1 2 0 0 7 Transaction ID: 3564488 Amount of Each Receipt this Period 250.00
	specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (La B. Dr. Robert lez Mailing Addre		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y		
City Kensington FEC ID numb federal politic	per of contributing	State CA	Zip Code 94707-1317	Transaction ID: 3564489 Amount of Each Receipt this Period 250.00
Name of Emp Self-Employe Receipt For: Primary		Occupation Orthodor Aggregate		
Full Name (Laboration of the following state		Date of Receipt 0 8 0 1 2 0 0 7		
	per of contributing	State DC	Zip Code 20016-1911	Transaction ID: 3564490 Amount of Each Receipt this Period 250.00
Name of Emp Self-Employe		Occupation Orthodor		
Receipt For: Primary Other (s	/ General specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of	Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 1				
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to HODONTISTS POLITICAL ACTION COM					
Full Name (Last, First, Middle Initial) Dr. Hal C. Stevenson Mailing Address 21011 James Long C	Full Name (Last, First, Middle Initial) Dr. Hal C. Stevenson					
City	State Zip Code	0 8 0 1 2 0 0 7 Transaction ID: 3564491				
Richmond	TX 77469-6453	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Self-Employed	Occupation Orthodontist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Dr. Richard Ribarevski		Date of Receipt				
Mailing Address 16 Tall Trees Ct		08 / 01 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
City New Castle	State Zip Code PA 16105-2914	Transaction ID: 3564492				
FEC ID number of contributing federal political committee.	C 10103-2914	Amount of Each Receipt this Period 250.00				
Name of Employer Self-Employed	Occupation Orthodontist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Dr. Darrell Keith Spilsbury		Date of Receipt				
Mailing Address 198 Courtney Ann Dr		08 01 2007				
City Henderson	State Zip Code NV 89074-0987	Transaction ID: 3564493 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Self-Employed	Occupation Orthodontist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional) .		750.00				

	SCHEDULE A (FEC Form 3X)	DULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 60 / 262
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
	I EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	ay not be sold or used by any perso Idress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTH	ODONTIST	TS POLITICAL ACTION COM	MMITTEE
∠ A .	Full Name (Last, First, Middle Initial) Dr. Shari N. Lisann	Date of Receipt		
	Mailing Address 60 Willow Cres	M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O		
	City	State	Zip Code	Transaction ID: 3564494
	Brookline	MA	02445-4132	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		7
	Receipt For:		e Year-to-Date ▼	-
	Primary General	Aggregati	e rear-lo-Dale ▼	1
	Other (specify) ▼		250.00	
				1
- В.	Full Name (Last, First, Middle Initial) Dr. Brian R. Jesperson			Date of Receipt
	Mailing Address 2611 Domino Dr	M M / D D / Y Y Y Y		
		08 01 2007		
	City	State	Zip Code	Transaction ID: 3564495
	<u>Bismarck</u>	ND	58503-0828	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Self-Employed	Occupation		
		Orthodo		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Citier (specify)	0 0	1 1 1 1 1 1 1	J.
-	Full Name (Last, First, Middle Initial)			
C.	Dr. Benjamin Mark Gamm			Date of Receipt
	Mailing Address 2 Mayflower Ln			0 8 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 3564496
	Sharon	MA	02067-2461	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		_
		Orthodo		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00] [
	☐ Other (specify) ▼	0 0		.1
г				
				750.00
	SUBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. James B. Gray			Date of Receipt
Mailing Address 715 Shade Tree Terr			08 01 2007
City	State	Zip Code	Transaction ID: 3564497
Roswell	GA	30075-7136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Barry M. Rosenberg			Date of Receipt
Mailing Address 10 Norwood Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564498
West Hartford	CT	06117-2233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Arthur Kaplan			Date of Receipt
Mailing Address 6 Kempster Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Scarsdale</u>	State NY	Zip Code 10583-3312	Transaction ID: 3564499 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	\	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 262 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to THODONTISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Boyd Welton Mailing Address 2402 W 12960 S City	State Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Riverton FEC ID number of contributing federal political committee.	UT 84065-8719	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard A. Simms Mailing Address 29654 Highpoint Ro	ad	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rancho Palos Verde	State Zip Code CA 90275-6428	Transaction ID: 3564501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William W. Roberts, III		Date of Receipt
Mailing Address 1505 Dolington Rd		0 8 0 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Yardley	State Zip Code PA 19067-2729	Transaction ID: 3564502 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 19007-2729	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 262 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
1 \	HODONTISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Joseph K. Vargo Mailing Address 25 Forest Meadow Dr	· CIM	Date of Receipt
City	State Zip Code	0 8 0 1 2 0 0 7 Transaction ID: 3564503
Rome	GA 30165-8613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gary W. Lippincott	. L	Date of Receipt
Mailing Address 758 Black Walnut Ct	7.0.1	08 01 2007
City	State Zip Code	Transaction ID: 3564504
Sugar Grove FEC ID number of contributing federal political committee.	IL 60554-9279	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	7
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Curtis A. Rohrer		Date of Receipt
Mailing Address 630 Lawrence Blvd E		08 01 7 2007
City	State Zip Code	Transaction ID: 3564505
Wabasha	MN 55981-1415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00
TOTAL This Period (last page this line numbe	•	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 64 / 262
-			Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Greg R. Bennett			Date of Receipt
	Mailing Address 29 Hoover Rd			08 01 2007
	City	State	Zip Code	Transaction ID: 3564506
	Carlisle	PA	17015-8512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	200.00	
В.	Full Name (Last, First, Middle Initial) Dr. Darrel R. Sherman			Date of Receipt
	Mailing Address 1200 Hillcrest			08 01 7 2007
	City	State	Zip Code	Transaction ID: 3564507
	Longview	TX	75601-4651	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	00 0	1 1 1 1 1 1 1	1
	☐ Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Paul C. Perry			Date of Receipt
	Mailing Address 2375 N Claiborne St			08 01 YYYY 2007
	City	State	Zip Code	Transaction ID: 3564508
	Sulphur	LA	70663-0601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Edward F. Ross, Jr. Mailing Address 16 Hampton Hills I	Ln	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564509
Richmond	VA 23226-2309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy R. Pearson		Date of Receipt
Mailing Address 148 Erselia Tr		08 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564519
Alamo FEC ID number of contributing federal political committee.	CA 94507-1312	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard B. Lines		Date of Receipt
Mailing Address 1909 W Relation		08 03 YYYYY 2007
City <u>Safford</u>	State Zip Code AZ 85546-3444	Transaction ID: 3564520 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 262 (check only one) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	Statements may not be sold or used by any personal part of the sold of the sold or used by any personal part of the sold of the sol	
Full Name (Last, First, Middle Initial) Dr. John A. Roshel, Jr. Mailing Address 15 E Wedgeway Dr City Terre Haute FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IN 47802-4983 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M O 3
Full Name (Last, First, Middle Initial) Dr. John E. Roussalis, II Mailing Address 1220 W 30th St City Casper FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code WY 82601-5372 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564522 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Roald Victor Herwick, Jr. Mailing Address 230 Covington Rd City Los Altos FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code CA 94024-4029 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M O 3 2007 Transaction ID: 3564523 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67/262 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF		•	
Full Name (Last, First, Middle Initial) Dr. K. George Elassal			Date of Receipt
Mailing Address 12313 Swanhaven			08 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oklahoma City	State OK	Zip Code	Transaction ID: 3564524
FEC ID number of contributing federal political committee.	C	73170-4749	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Douglas A. Jolstad			Date of Receipt
Mailing Address 20770 Linwood Rd			08 03 YYYYY 2007
City Excelsior	State MN	Zip Code 55331-9386	Transaction ID: 3564525
FEC ID number of contributing federal political committee.	C	33331-9300	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark S. Coican			Date of Receipt
Mailing Address 1830 Weber Rd			0 8 0 3 2 0 0 7
City	State	Zip Code	Transaction ID: 3564526
Malabar FEC ID number of contributing federal political committee.	FL C	32950-3118	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	1		750.00

Mailing Address 6860 Private Rd 8900 City State Zip Code Transaction ID: 3	11c 12 15 16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of sol or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dr. Mark L. Dake Mailing Address 6860 Private Rd 8900 City State Zip Code Transaction ID: 3	liciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dr. Mark L. Dake Mailing Address 6860 Private Rd 8900 City State Zip Code Transaction ID: 3	in such committee.
A. Dr. Mark L. Dake Mailing Address 6860 Private Rd 8900 City State Zip Code Date of Receipt M M M O D O B Transaction ID: 3	
City State Zip Code Transaction ID: 3	
	3 2007
	3564527
West Plains MO 65775 Amount of Each F	Receipt this Period
FEC ID number of contributing federal political committee.	1000.00
Name of Employer Occupation Self-Employed Orthodontist	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) B. Dr. Nancy L. Villa Date of Receipt	
Mailing Address 45 Laird Rd Mailing Address 45 Laird Rd	3 / 2007
City State Zip Code Transaction ID: 3	3564528
Colts Neck NJ 07722-1221 Amount of Each F	Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation Self-Employed Orthodontist	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Dr. Maurice J. Belden Date of Receipt	
Mailing Address 176 Academy St	3 /
City State Zip Code Transaction ID: 3 Presque Isle ME 04769-3145 Amount of Each F	3564529 Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation Self-Employed Orthodontist	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal he name and address of any political committee to THODONTISTS POLITICAL ACTION COM	
AMERICAN ASSOCIATION OF OR	THODON TISTS POLITICAL ACTION COM	IIVII I I EE
Full Name (Last, First, Middle Initial) Dr. Robert (Tito) Alan Norris		Date of Receipt
Mailing Address 244 Canada Verde		08 03 2007
City	State Zip Code	Transaction ID: 3564530
San Antonio	TX 78232-1141	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Philip J. Tighe		Date of Receipt
Mailing Address 1920 Nottingham Rd		08 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564531
Allentown	PA 18103-2923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Beau Boren		Date of Receipt
Mailing Address 1215 Country Club D)r	08 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Midland</u>	State Zip Code TX 79701-4114	Transaction ID: 3564532 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 262 (check only one) X 11a
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any persing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert H. Perry Mailing Address 3109 North Hills		Date of Receipt
City	State Zip Code	0 8 0 3 2 0 0 7 Transaction ID: 3564533
Corinth FEC ID number of contributing federal political committee.	MS 38834-2003	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert B. Hanover, Jr. Mailing Address 13713 Three Fat	homs Bank	Date of Receipt
City Corpus Christi FEC ID number of contributing	State Zip Code TX 78418-6351	Transaction ID: 3564534 Amount of Each Receipt this Period
federal political committee. Name of Employer Self-Employed	Occupation Orthodontist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Raymond M. Maxwell	I	Date of Receipt
Mailing Address 16619 117th Wa	у	08 03 7 2007
City Redmond	State Zip Code WA 98052-2317	Transaction ID: 3564535 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	onal)	750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 262 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Melvyn M. Leifert			Date of Receipt
Mailing Address 14 Rutland Rd			08 03 7 2007
City	State	Zip Code	Transaction ID: 3564536
Great Neck	NY	11020-1837	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory J. Jorgensen			Date of Receipt
Mailing Address 6420 Pojoaque NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564537
Albuquerque	NM	87120-2137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Milan L. Khakhria			Date of Receipt
Mailing Address 920 Bayberry Point	Dr		08 03 7 2007
City	State	Zip Code	Transaction ID: 3564538
<u>Plantation</u>	FL	33324-3507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
			750.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	ORTHODONTISTS POLITICAL ACTION COI	WINITI EE
Dr. Steven P. Hearne Mailing Address 5000 Gardner Ln		Date of Receipt 0 8 0 3 2 0 0 7
City	State Zip Code	Transaction ID: 3564539
<u>Suffolk</u>	VA 23434-7094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Victoria M. Switzer		Date of Receipt
Mailing Address 9716 Natalies Wa	ay	08 07 2007
City	State Zip Code	Transaction ID: 3564542
Ellicott City	MD 21042-5714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory A. Lacy		Date of Receipt
Mailing Address 1370 Western Av	/e	08 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Morgantown</u>	State Zip Code WV 26505-2112	Transaction ID: 3564546 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optic	onal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 262 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John D. Callahan, Jr. Mailing Address 4 Morton Rd City Syracuse FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NY 13214-2403 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M O B 2007 Transaction ID: 3564547 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Mark E. Hixson Mailing Address 3501 Catalano Dr City Raleigh FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NC 27607-3405 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564548 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Geri R. Kohn-Hunter Mailing Address 30 Morgan Ct City Rye FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NH 03870-2033 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 0 0 7 Transaction ID: 3564549 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 262 (check only one) X 11a
or for commercial purposes, other NAME OF COMMITTEE (In Fu	han using the name and a	ay not be sold or used by any pers ddress of any political committee to STS POLITICAL ACTION COI	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last, First, Middle III Dr. Kimber DeWitt Mailing Address 4272 S Me City Mount Pleasant FEC ID number of contributing federal political committee. Name of Employer Self-Employed	,		Date of Receipt M M M O B O B O C O C O C O C O C O C O C O C
Receipt For: Primary Genera Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle II Dr. Richard A. Hovda Mailing Address 7020 Hillor City	<u>, </u>	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Wausau FEC ID number of contributing federal political committee.	WI C	54401-9732	Transaction ID: 3564551 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary Genera Other (specify) ▼	Orthodo		
Full Name (Last, First, Middle In Dr. Michael S. Klein Mailing Address 12001 W 1	, 		Date of Receipt 0 8 0 8 2 0 0 7
City Bucyrus	State KS	Zip Code 66013-9552	Transaction ID: 3564552 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed Receipt For:	Occupat Orthodo	ontist	
Primary Genera Other (specify) ▼		te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pag	e (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
, , ,	ODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Rodney J. Klima		Date of Receipt
Mailing Address 9807 Flintridge Ct		08 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564553
<u>Fairfax</u>	VA 22032-1724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Harold L. Frank		Date of Receipt
Mailing Address 13208 Jasmine Hill Tel	rr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564554
Rockville	MD 20850-3665	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jodi L. Koford		Date of Receipt
Mailing Address 7210 E Orchard Grass	Blvd	08 / 08 / 7 2007
City	State Zip Code	Transaction ID: 3564555
Crestwood	KY 40014-8559	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule for each category of Detailed Summary P	the (Check only one)
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by using the name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee. ON COMMITTEE
Full Name (Last, First, Middle Initial Dr. Charles O. Rohrer Mailing Address 15605 Martin City Burnsville FEC ID number of contributing federal political committee. Name of Employer Self-Employed	Ave State Zip Code MN 55306-5190 C Occupation Orthodontist	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼		0.00
Full Name (Last, First, Middle Initia Dr. W. Jim Moore, Jr. Mailing Address 3024 Olive St	,	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Pine Bluff FEC ID number of contributing federal political committee.	AR 71603-5438	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 25	0.00
Full Name (Last, First, Middle Initia Dr. Scott D. Hamilton Mailing Address 5621 SW Uris	<u>, </u>	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Topeka FEC ID number of contributing	State Zip Code KS 66610-9158	Transaction ID: 3564558 Amount of Each Receipt this Period
federal political committee. Name of Employer Self-Employed	Occupation Orthodontist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	THODONTISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. Anthony W. Savage		Date of Receipt
Mailing Address 857 Bishopsgate Ln City	State Zip Code	0 8 0 8 2 0 0 7 Transaction ID: 3564559
Virginia Beach	VA 23452-6181	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Self-Employed	Occupation Orthodontist	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. David S. Williams		Date of Receipt
Mailing Address 2203 Golf Club Ln		08 08 2007
City	State Zip Code	Transaction ID: 3564560
<u>Columbia</u>	TN 38401-5103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mary H.G. Walton		Date of Receipt
Mailing Address 3434 Churchill Rd		08 / 08 / 2007
City	State Zip Code	Transaction ID: 3564561
Raleigh	NC 27607-6810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	·	

ITEMIZED RE		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 262 (check only one) X
NAME OF COMM	ITTEE (In Full)	and address of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
Full Name (Last, F Dr. Michael M. Tayl	or		Date of Receipt
Mailing Address	1 Victoria Ct		08 08 2007
City	Sta		Transaction ID: 3564562
Roswell	N	M 88201-3492	Amount of Each Receipt this Period
FEC ID number of federal political con			250.00
Name of Employer Self-Employed	Occi Orth	upation nodontist	
Receipt For: Primary Other (speci	General	regate Year-to-Date ▼ 250.00]
Full Name (Last, F Dr. Daniel K. Konisl			Date of Receipt
Mailing Address	282 E Tall Trees Ln		08 08 2007
City	Sta	ate Zip Code	Transaction ID: 3564563
<u>Palatine</u>	<u> L</u>	60067-7554	Amount of Each Receipt this Period
FEC ID number of federal political co			250.00
Name of Employer Self-Employed	Occi Orth	upation nodontist	
Receipt For: Primary Other (speci	General	regate Year-to-Date ▼ 250.00	
Full Name (Last, F Dr. Liliana Mejia	irst, Middle Initial)		Date of Receipt
Mailing Address	104 Bayberry Hills		08 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Sta	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Transaction ID: 3564564
<u>McDonough</u>	G/	A 30253-4005	Amount of Each Receipt this Period
FEC ID number of federal political co			250.00
Name of Employer Self-Employed		upation nodontist	
Receipt For: Primary Other (speci	General	regate Year-to-Date ▼ 250.00	
SUBTOTAL of Rece	ipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A or	ny information copied from such Reports and Strong commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI	HODONTISTS POLITICAL ACTION CO	DMMITTEE
	Full Name (Last, First, Middle Initial) Dr. Steven John Henseler		Date of Receipt
	Mailing Address 1856 Lochaven Dr	Charles 7 in Coads	08 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Woodbury	State Zip Code MN 55125-9015	Transaction ID: 3564565 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Dr. Ronald K. Risinger		Date of Receipt
	Mailing Address 8487 IH 10 West		08 08 2007
	City	State Zip Code	Transaction ID: 3564566
	Orange	TX 77630-1056	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. DeWayne B. McCamish		Date of Receipt
	Mailing Address 11 Ballard Bluff		08 08 2007
	City	State Zip Code	Transaction ID: 3564567
	Signal Mountain FEC ID number of contributing federal political committee.	TN 37377-2288	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .	1	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 262 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Cramer L. Boswell Mailing Address 19475 Kimberlin Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Abingdon FEC ID number of contributing	State Zip Code VA 24210-1721	Transaction ID: 3564568 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Damon Warren De Arment Mailing Address 804 Armistead St	0 0 0 0 0 0 0 0	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Winchester FEC ID number of contributing	State Zip Code VA 22601-6703	Transaction ID: 3564569 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Barry D. Raphael Mailing Address 13 Moore Rd		Date of Receipt 0 8 0 9 2 0 0 7
City Montville FEC ID number of contributing federal political committee.	State Zip Code NJ 07045-9404 C	Transaction ID: 3564575 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 262 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTIST	TS POLITICAL ACTION CO	MMITTEE
۸.	Pull Name (Last, First, Middle Initial) Dr. Jonathan C. Johnson Mailing Address 2400 Chestnut St #3	202		Date of Receipt
				08 09 2007
	City Philadelphia	State PA	Zip Code 19103-4326	Transaction ID: 3564576 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Ronald M. Bellohusen Mailing Address 50 Thornapple Dr			Date of Receipt
				08 09 2007
	City Elmira	State NY	Zip Code 14903-7975	Transaction ID: 3564577 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1.0007070	250.00
	Name of Employer Self-Employed	Occupation Orthodox		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Dr. Justin Keith Bass			Date of Receipt
	Mailing Address 119 Gregory Blvd #4	4		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Norwalk	State CT	Zip Code 06855-2521	Transaction ID: 3564578 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000 2321	250.00
	Name of Employer Self-Employed	Occupatio Orthodo		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 262 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Paul M. Cottone Mailing Address 7709 Siple Ave		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fayetteville FEC ID number of contributing	State Zip Code NC 28304-0467	Transaction ID: 3564579 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David W. Metzdorf Mailing Address 5 Alloway Crt		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564580
Potomac FEC ID number of contributing federal political committee.	MD 20854-1636	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General	Occupation Orthodontist Aggregate Year-to-Date	
Other (specify) Full Name (Last, First, Middle Initial)	250.00	
Dr. Joe E. Bowers Mailing Address 2612 Tickery Ln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Harrison	State Zip Code AR 72601	Transaction ID: 3564583
FEC ID number of contributing federal political committee.	C 72001	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l) >	750.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 83 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
Α.	Full Name (Last, First, Middle Initial) Dr. Stephen P. Shepard Mailing Address 3401 Oakmont Dr			Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3564584
	Harlingen FEC ID number of contributing federal political committee.	C	78550-7833	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼	Occupation Orthodol Aggregate		
- В.	Full Name (Last, First, Middle Initial) Dr. Robert Shoff Mailing Address 13321 Tierra Hts			Date of Receipt
	City	State	Zip Code	0 8 0 9 2 0 0 7 Transaction ID: 3564585
	Redding	CA	96003-7489	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Richard Furman Hewitt Mailing Address 515 Huntington Rd			Date of Receipt
	City Greenville	State SC	Zip Code 29615-4211	Transaction ID: 3564586 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodo		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any persoing the name and address of any political committee to ORTHODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Dora T.W. Donovan		Date of Receipt
Mailing Address 22962 Mirabel D	r	08 10 2007
City	State Zip Code	Transaction ID: 3564587
Laguna Niguel	CA 92677-2720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Arthur Najera		Date of Receipt
Mailing Address 1397 Santa Tere	sita	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564588
Santa Barbara	CA 93105-1946	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John G. Kharouf		Date of Receipt
Mailing Address 23570 Wildernes	es Canyon Cir	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564589
Rapid City	SD 57702-6527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	onal)	750.00

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 262 (check only one) X
NAME OF COMMITT	EE (In Full)	ts may not be sold or used by any persond address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Dr. Randall Smith			Date of Receipt
	6 Crosslake Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Sta		Transaction ID: 3564590
Tullahoma FEC ID number of cor federal political commi		J 37388-5206	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed		upation nodontist	7
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 250.00	
Full Name (Last, First, Dr. George R. Babyak Mailing Address 17			Date of Receipt
		7: 0 1	08 10 2007
City Fort Lauderdale	Sta FL	ate Zip Code . 33331	Transaction ID: 3564591 Amount of Each Receipt this Period
FEC ID number of cor federal political commi	ntributing	30001	250.00
Name of Employer Self-Employed		upation nodontist	
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 250.00]
Full Name (Last, First, Dr. Charles E. Osborn	Middle Initial)		Date of Receipt
Mailing Address 22	13 Parker St		08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Sta	ate Zip Code	Transaction ID: 3564592
<u>Amarillo</u>	TX	79109-2111	Amount of Each Receipt this Period
FEC ID number of cor federal political commi			250.00
Name of Employer Self-Employed	Orth	upation nodontist	
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts	This Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person he name and address of any political committee to THODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Frank K. Yorita Mailing Address 6662 Doral Dr City Huntington Beach FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code CA 92648-6128 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564593 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Mark J. Caplan Mailing Address 306 Summit Ave City Summit FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code NJ 07901-2218 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rotho Angelakis	Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Mailing Address 901 S Northlake Dr City Hollywood FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code FL 33019-1312 C Occupation Orthodontist	Transaction ID: 3564598 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 250.00	750.00

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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 87 / 262 (check only one)
			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the r	atements mag	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. Aimee S. Skelton			Date of Receipt
	Mailing Address 504 Alabama Ave SW			08 14 2007
	City	State	Zip Code	Transaction ID: 3564599
	Fort Payne	AL	35967-1742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		1
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. William D. Neale			Date of Receipt
	Mailing Address 21 Paradise Point Rd			08 14 2007
	City	State	Zip Code	Transaction ID: 3564600
	Shalimar	FL	32579-1019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Myron S. Graff			Date of Receipt
	Mailing Address 18822 Rue Loire			0 8 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 3564601
	Lutz	<u>FL</u>	33558-5354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		1
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
L			<u> </u>	

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 262 (check only one) X 11a
NAI	ormation copied from such Reports and Stommercial purposes, other than using the ME OF COMMITTEE (In Full) IERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Dr.	Name (Last, First, Middle Initial) George B. Clarke, Jr. ling Address 2599 W Lake Van Nes	s Cir		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Fre</u>	esno	State CA	Zip Code 93711-7023	Transaction ID: 3564602 Amount of Each Receipt this Period
fede	C ID number of contributing eral political committee.	C		250.00
	ne of Employer f-Employed reipt For: Primary General Other (specify)	Occupatio Orthodor Aggregate		
Dr	Name (Last, First, Middle Initial) George E. Mayo, III ling Address 607 Brookwood Ln			Date of Receipt 0 8 1 4 2 0 0 7
City		State	Zip Code	Transaction ID: 3564603
FE	Idsboro CID number of contributing eral political committee.	C	27534-7519	Amount of Each Receipt this Period 250.00
Nar Sel	ne of Employer f-Employed	Occupatio Orthodor		
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) Todd A. Curtis			Date of Receipt
	ling Address 7717 Crystal Springs F PO Box 634			08 14 2007
City <u>Wo</u>	podstock	State IL	Zip Code 60098-8051	Transaction ID: 3564604 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	С		250.00
Nar Sel	ne of Employer f-Employed	Occupatio Orthodor		
Rec	eipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBT	OTAL of Receipts This Page (optional)	I		750.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE Full Name (Last, First, Middle Initial) Dr. Kenneth Brehnan Mailing Address 1886 Centro West City State Zip Code Tiburon FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ City State Zip Code Orthodontist Receipt For: Primary General Other (specify) ▼ State Zip Code AL 35504-9142 FEII Name (Last, First, Middle Initial) Date of Receipt Mailing Address 1201 Shades Cliff Rd City State Zip Code AL 35504-9142 FEC ID number of contributing federal political committee. City Assper AL 35504-9142 FEC ID number of contributing federal political committee. City Assper AL 35504-9142 FEC ID number of contributing federal political committee. City Assper AL 35504-9142 FEC ID number of contributing federal political committee. City Assper AL 35504-9142 FEC ID number of contributing federal political committee. City Assper Al 35504-9142 FEC ID number of contributing federal political committee. City Assper Al 35504-9142 FEC ID number of contributing federal political committee. City Assper Al 35504-9142 FEC ID number of contributing federal political committee. City Assper Al 35504-9142 FEC ID number of contributing federal political committee. Assper Al 35504-9142 FEC ID number of contributing federal political committee. Assper Al 35504-9142 FEC ID number of contributing federal political committee. Assper Al 35504-9142 FEC ID number of contributing federal political federal political committee. Assper Al 35504-9142 FER All Name (Last, First, Middle Initial) Assper Al 35504-9142 FEC ID number of contribution federal political committee. Assper Al 35504-9142 FEC ID number of contribution federal political feder					
Any information copied from such Reports and Statements may not be sold or used by any presor for the purpose of soliciting contributions or for commencial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full)		,		for each category of the	(check only one)
NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE A. Milling Address 1886 Centro West City State Zip Code City Can Ay4920-1910 FEC ID number of contributing federal political committee. C Cecupation Orthodontist Receipt For: Primary General Other (specify) ▼ 250.00 B. Dr. Jerry L. Boshell Mailing Address 1201 Shades Cliff Rd City State Zip Code City State Zip Code City State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Date of Receipt Date of Re		Any information copied from such Reports and Sta	atements ma	y not be sold or used by any perso	n for the purpose of soliciting contributions
A. Dic Kenneth Breinan Mailing Address 1886 Centro West City State Zip Code Tiburon CA 94920-1910 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist FEC ID number of contributing federal political committee. City State Zip Code Ala 35504-9142 FUI Name (Last, First, Middle Initial) City State Zip Code Ala 35504-9142 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Discontinuous Self-Employer City State Zip Code Ala 35504-9142 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Discontinuous Self-Employer Other (specify) ▼ City State Zip Code Fec ID number of contributing federal political committee. City State Zip Code Fec ID number of contributing federal political committee. City State Zip Code Fec ID number of contributing federal political committee. City State Zip Code Fec ID number of contributing federal political committee. City State Zip Code Fec ID number of contributing federal political committee. City State Zip Code Fec ID number of contributing federal political committee. City State Zip Code Fec ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Transaction ID: 3564607 Amount of Each Receipt his Period Transaction ID: 3564607 Amount of Each Receipt his Period Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 3564007 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Aggregate Year		NAME OF COMMITTEE (In Full)			
City Tiburon CA 94920-1910 FEC ID number of contributing federal political committee. C Sale Employee Sale Employee Sale Employee Other (specify) ▼ C Date of Receipt Transaction ID: 3564605 Amount of Each Receipt this Period FEC ID number of contributing C Date of Receipt Transaction ID: 3564605 Amount of Each Receipt this Period Date of Receipt Transaction ID: 3564606 Transaction ID: 3564607 Transacti	∠ A .	Dr. Kenneth Brehnan			-
Tiburon CA 94920-1910 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Ofter (specify) ▼		Mailing Address 1886 Centro West			
FEC ID number of contributing federal political committee. C		-		·	
Name of Employer Occupation Orthodontist			CA	94920-1910	Amount of Each Receipt this Period
Self-Employed Receipt For: Primary General Other (specify) ▼ 250.00			C		250.00
Primary General Other (specify) 250.00		Name of Employer Self-Employed			
B. Dr. Jerry L. Boshell Mailing Address 1201 Shades Cliff Rd City State Zip Code Jasper AL 35504-9142 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code AL 35504-9142 Amount of Each Receipt this Period Primary General Other (specify) ▼ 250.00 Cty Addrews D. Shelly Mailing Address 1102 Summit Ave City State Zip Code IA 50501-2637 FC ID number of contributing federal political committee. Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Transaction ID: 3564606 Amount of Each Receipt M M M D D D D D D D D D D D D D D D D		Primary General	Aggregate		
Mailing Address 1201 Shades Cliff Rd City Jasper AL 35504-9142 Transaction ID: 3564606 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Self-Employer City Full Name (Last, First, Middle Initial) Dr. Andrew D. Shelly Mailing Address 1102 Summit Ave City Fort Dodge FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code IA 50501-2637 Fort Dodge FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Aggregate Year-to-Date C C Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Z50.00	- В.				Date of Receipt
Jasper					M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ City State Zip Code IA 50501-2637 FCI D number of contributing federal political committee. Name of Employer Self-Employed C Date of Receipt Transaction ID: 3564607 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 3564607 Amount of Each Receipt this Period Primary General Other (specify) ▼ Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		City	State	Zip Code	Transaction ID: 3564606
Name of Employer Self-Employed		<u>Jasper</u>	AL	35504-9142	Amount of Each Receipt this Period
Receipt For:		FEC ID number of contributing federal political committee.	C		250.00
Primary General Other (specify) ▼ Date of Receipt		Name of Employer Self-Employed			
C. Dill Name (Last, First, Middle Initial) Dr. Andrew D. Shelly Mailing Address 1102 Summit Ave City State Zip Code Fort Dodge IA 50501-2637 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 750.00			Aggregate	e Year-to-Date ▼	
C. Dr. Andrew D. Shelly Mailing Address 1102 Summit Ave City State Zip Code Fort Dodge IA 50501-2637 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				250.00	
Mailing Address 1102 Summit Ave City State Zip Code IA 50501-2637 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	- С.				Date of Receipt
Fort Dodge FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 250.00 Amount of Each Receipt this Period 250.00		Mailing Address 1102 Summit Ave			
Receipt For: Primary Other (specify) ▼ Occupation Orthodontist Aggregate Year-to-Date 250.00 Aggregate Year-to-Date 250.00		-		•	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			C		250.00
Primary General Other (specify) ▼ 250.00		Name of Employer Self-Employed			
SUBTOTAL of Receipts This Page (optional)		Primary General		e Year-to-Date ▼	
		SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per ng the name and address of any political committee DRTHODONTISTS POLITICAL ACTION CO	
Full Name (Last, First, Middle Initial) Dr. David L. Meyer Mailing Address 2933 Spring Oak City Dubuque FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code IA 52001-7506 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 3564608 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David M. Lebsack Mailing Address 4710 Woodfield I)r	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Joseph FEC ID number of contributing federal political committee.	State Zip Code MO 64506-3820	Transaction ID: 3564609 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark E. Blanchette Mailing Address 1662 Fox Hill Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Lynchburg FEC ID number of contributing	State Zip Code VA 24503-6469	Transaction ID: 3564615 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 262 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
∠ . .	Full Name (Last, First, Middle Initial) Dr. Robert B. Goldman Mailing Address 27 Birch Ct	Chair	7:n Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Ridgefield FEC ID number of contributing federal political committee.	State CT	Zip Code 06877-2901	Transaction ID: 3564616 Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodol		
 B.	Full Name (Last, First, Middle Initial) Dr. Devek Kent Frech Mailing Address 4802 Windsong Dr			Date of Receipt 0 8 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 3564617
	Wichita Falls	TX	76310-3079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Stephen D. Schasker			Date of Receipt
	Mailing Address 4702 Ferris Ave			08 14 2007
	City Madison	State WI	Zip Code	Transaction ID: 3564618
	FEC ID number of contributing federal political committee.	C	53716-1414	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		750.00

Ī	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 92 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH Full Name (Last, First, Middle Initial)			
A.	Dr. Douglas Bennion Mailing Address 2152 St Andrews Dr			Date of Receipt M M
	City	State	Zip Code	Transaction ID: 3564619
	Billings FEC ID number of contributing federal political committee.	C	59105-3627	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupatio Orthodor Aggregate		
- В.	Full Name (Last, First, Middle Initial) Dr. Kenneth A. Shimizu Mailing Address 13060 Paramount Ct			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3564620
	Saratoga	CA	95070-4210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor	ntist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Corey Christopher Conrad			Date of Receipt
	Mailing Address 4640 Park			08 14 2007
	City West Des Moines	State IA	Zip Code 50265-5329	Transaction ID: 3564621 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial p	ourposes, other than using the number of the	ame and add	y not be sold or used by any pers dress of any political committee to S POLITICAL ACTION COI	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last Dr. Debra Fink Mailing Address City Saint Louis FEC ID number federal political Name of Employ Self-Employed Receipt For: Primary Other (spe	of contributing committee.	State MO C Occupation Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564622 Amount of Each Receipt this Period 250.00
B. Dr. Vance J. Dyk	of contributing committee. General	State MO C Occupation Orthodor		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. James Kevin	e 4838 Bradford Ln of contributing committee. yer General	State IA C Occupation Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Re	eceipts This Page (optional)			750.00

9	SCHEDULE A (FEC Form 3X)	Use separate		FOR LINE NUMBER: PAGE 94 / 262 (check only one)
ľ	TEMIZED RECEIPTS	for each cate		
•		Detailed Sum	mary Page	
Г			.	13 14 15 16 17
	Any information copied from such Reports and Stator for commercial purposes, other than using the na	ements may not be sold or u me and address of any polit	sed by any persor ical committee to :	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	DONTISTS POLITICAL	ACTION COM	MITTEE
	,			
۹.	Full Name (Last, First, Middle Initial) Dr. Scott Brustein			Date of Receipt
	Mailing Address 4803 Patterson St			08 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: 3564625
	<u>Bridgewater</u>	NJ 08807-554	3	Amount of Each Receipt this Period
	FEC ID number of contributing			_
	federal political committee.	C		250.00
	Name of Employer	Occupation		
	Self-Employed	Orthodontist		
	Receipt For:	Aggregate Year-to-Date	7	
	Primary General		250.00	
	Other (specify) ▼	0 0 0 0 0		
– В.	Full Name (Last, First, Middle Initial) Dr. Thomas H. Cartledge, III			Date of Receipt
J .	Mailing Address 417 N Beach St			M M / D D / Y Y Y Y
				08 20 2007
	City	State Zip Code		Transaction ID: 3564626
	Ormond Beach	FL 32174-530	2	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation		
	Self-Employed	Orthodontist		
	Receipt For:	Aggregate Year-to-Date	•	
	Primary General		250.00	
	Other (specify) ▼		230.00	
_	Full Name (Last, First, Middle Initial)			D. (D.)
Э.	Dr. Brad Twaddle Mailing Address 3705 Hunter Valley Dr			Date of Receipt
				08 20 2007
	City	State Zip Code	_	Transaction ID: 3564627
	Columbia	MO 65203-886	<u>8</u>	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For:	Aggregate Year-to-Date	7	1
	Primary General		1 1 1 1	
	Other (specify) ▼		250.00	
Г				
	SUBTOTAL of Receipts This Page (optional)			750.00
F	CODITION OF THOSE PROPERTY AND TAGO (OPERATION)			

SCHEDULE A (FEC FO			FOR LINE NUMBER: PAGE 95 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other t NAME OF COMMITTEE (In Fu	han using the name and ad	ay not be sold or used by any persideress of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Ir Dr. James M. Welden, Jr.	iitial)		Date of Receipt
Mailing Address 104 Lancas			08 20 207
City Dothan	State AL	Zip Code 36305-1031	Transaction ID: 3564628
FEC ID number of contributing federal political committee.	C	30303-1031	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For: Primary General Other (specify) ▼		te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Ir Dr. Nathan M. Downey	itial)		Date of Receipt
Mailing Address 4839 Rays	Cir		07 30 7 2007
City Dublin	State OH	Zip Code 43016-6069	Transaction ID: 3564630
FEC ID number of contributing federal political committee.	C	43010-0003	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For: Primary General Other (specify) ▼		te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Ir Dr. Gregory D. Schardt	itial)		Date of Receipt
Mailing Address 7057 Mullin	nshire Way		08 14 2007
City Machesney Park	State IL	Zip Code 61115-7638	Transaction ID: 3564634 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For: Primary General Other (specify) ▼		te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pag	e (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 262 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION CO	MMITTEE
۷.	Full Name (Last, First, Middle Initial) Dr. Kara Hobson			Date of Receipt
	Mailing Address 2447 NW Johnson St	#2		08 / 03 / 4 2007
	City Portland	State OR	Zip Code 97210-3395	Transaction ID: 3564635 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0,210 0000	250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Brian A. Schlueter		2	Date of Receipt
	Mailing Address 12111 Tesson Ferry P	rofessional	Je 	08 / 09 / 2007
	City Saint Louis	State MO	Zip Code 63128-1250	Transaction ID: 3564636
	FEC ID number of contributing federal political committee.	C	03120-1230	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Dr. Douglas S. Ainslie	1		Date of Receipt
	Mailing Address 2951 Beacon Hill Dr			08 09 2007
	City West Linn	State OR	Zip Code 97068-3680	Transaction ID: 3564637
	FEC ID number of contributing federal political committee.	C	97000-3000	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ.	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to THODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Barry E. Booth Mailing Address 439 Sunset Ave		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City La Grange	State Zip Code IL 60525-6114	Transaction ID: 3564639
FEC ID number of contributing federal political committee.	C 60325-6114	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Joseph K. Buchanan Mailing Address 25 Kemp Ct		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Alamo	State Zip Code CA 94507-1712	Transaction ID: 3564640 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Harold G. Edwards		Date of Receipt
Mailing Address 167 Lagoon Dr E		08 03 YYYY 08 03 2007
City Lido Beach	State Zip Code NY 11561-4912	Transaction ID: 3564643 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 262 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	Statements may not be sold or used by any personal part of the name and address of any political committee to HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Todd L. Hamilton Mailing Address 269 Wester Brewlands City Iron Station FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NC 28080-9513 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt 0 7 27 2007 Transaction ID: 3564644 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. William Ernest Crutchfield, II Mailing Address 12609 Tolman Rd City Fairfax FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code VA 22033-1733 C Occupation Orthodontist Aggregate Year-to-Date 1250.00	Date of Receipt M M M O D D Y Y Y Y Y Y Transaction ID: 3564645 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Albert Phillip Cavallari Mailing Address 387 High St City Lockport FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NY 14094-4601 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph M. Arvay Mailing Address 5 Blachley Cir			Date of Receipt
City	State	Zip Code	08 09 2007 Transaction ID: 3564647
Mendham FEC ID number of contributing federal political committee.	NJ C	07945-2934	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General	Occupatio Orthodor Aggregate		1
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Donald Ray Montano Mailing Address 5812 Alfred Harrell Hw	vy		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bakersfield FEC ID number of contributing federal political committee.	State CA	Zip Code 93308-9650	Transaction ID: 3564648 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. R. Steven Powell			Date of Receipt
Mailing Address 5466 Kiokee Springs D	Or		08 01 7 9 9 9
City <u>Evans</u>	State GA	Zip Code 30809-7420	Transaction ID: 3564649 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Jeffrey W. Jordan		Date of Receipt
Mailing Address 1040 Lake Shore Ove	State Zip Code	0 8 0 9 2 0 0 7 Transaction ID: 3564650
Alpharetta	GA 30005-6984	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Valerie Bowser Fajen		Date of Receipt
Mailing Address 601 Cox Road		08 / 14 / 2007
City	State Zip Code	Transaction ID: 3564651
<u>Lufkin</u>	TX 75904-4767	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William R. Hyman		Date of Receipt
Mailing Address 3533 W Beverly Blvd		08 / 01 / Y Y Y Y Y A
City	State Zip Code	Transaction ID: 3564652
Montebello	CA 90640-1540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional) .	·	750.00
TOTAL This Period (last page this line numbe	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to THODONTISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Marshall Fleer Mailing Address 7 Dorolee Dr City East Brunswick FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 08816-2407 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564655 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Robert T. Caskey Mailing Address 3420 S Moore Cir City Flagstaff FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code AZ 86001-8901 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Kimberly J. McNeal Mailing Address 632 CR 43400 City Paris FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75462-1534 C Occupation Orthodontist Aggregate Year-to-Date 500.00	Date of Receipt M M O 1 2 0 0 7 Transaction ID: 3564657 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 262 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O			
Full Name (Last, First, Middle Initial) Dr. Danny Terry Smith			Date of Receipt
Mailing Address 107 Seward St			08 08 2007
City	State	Zip Code	Transaction ID: 3564658
Thomasville FEC ID number of contributing federal political committee.	GA C	31792-5528	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark Jeffrey Weinberg	I		Date of Receipt
Mailing Address 21 Jay Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Sa</u> yville	State NY	Zip Code 11782-1465	Transaction ID: 3564659
FEC ID number of contributing federal political committee.	C	11702-1400	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael K. Phelan			Date of Receipt
Mailing Address 7325 Beaumont Te	er		08 03 2007
City	State	Zip Code	Transaction ID: 3564661
Suwanee FEC ID number of contributing federal political committee.	GA C	30024-5376	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	21)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RTHODONTISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Lavonne K. Fore		Date of Receipt
Mailing Address 18 Bridgeview Dr S City	State Zip Code	0 8 0 8 2 0 0 7
Rome	GA 30161-8471	Transaction ID: 3564662 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert B. Meyer		Date of Receipt
Mailing Address 110 Widecombe Ci		08 01 YYYYY 2007
City	State Zip Code	Transaction ID: 3564663
<u>Cary</u>	NC 27513-4765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Charles C. Low		Date of Receipt
Mailing Address 1824 Via Del Rey		08 09 YYYYY 2007
City	State Zip Code	Transaction ID: 3564664
South Pasadena	CA 91030-4150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	l)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Statements may not be sold or used by any perso e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Stephen J. Belli		Date of Receipt
Mailing Address 647 Rustic Knoll Dr City	State Zip Code	0 8 0 1 2 0 0 7 Transaction ID: 3564667
<u>Kent</u>	OH 44240-2451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin F. Lowe, Jr.		Date of Receipt
Mailing Address 309 Stonewyck Dr		08 / 20 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564668
Burlington	NC 27215-4465	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ross W. Stryker		Date of Receipt
Mailing Address PO Box 1193		08 01 2007
City	State Zip Code	Transaction ID: 3564669
Lebanon	MO 65536-1193	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jose W. Cordero		Date of Receipt
Mailing Address Urb Los Versalles Bo Miradero	s #2068	08 01 2007
City	State Zip Code	Transaction ID: 3564670
Mayaguez FEC ID number of contributing federal political committee.	PR 00680	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Mark P. Hatala		Date of Receipt
Mailing Address 31 Virginia Ave		08 / 08 / 2007
City Binghamton	State Zip Code NY 13905-4305	Transaction ID: 3564672 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jonathan S. Cooper	I	Date of Receipt
Mailing Address 11419 S Oxford A	lve	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tulsa	State Zip Code OK 74137-7744	Transaction ID: 3564673 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)	750.00

SCHEDULE A (FI		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 262 (check only one) X
NAME OF COMMITTE			on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
	State OR Cibuting ee. Occupati Orthodo		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564674 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Nor. Stephen Robert Nelson Mailing Address 440! City Minnetonka FEC ID number of contributed federal political committee.	State MN	Zip Code 55345-2910	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 0 1 2 0 0 7 Transaction ID: 3564676 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary Other (specify)	Occupati Orthodo Aggrega General		
Full Name (Last, First, N Dr. Benson H. Wong Mailing Address 840 City Millbrae FEC ID number of contrederal political committe	Robin Ln State CA ributing	Zip Code 94030-1033	Date of Receipt M M M / D D / Y Y Y Y Y O 7 3 0 2 0 0 7 Transaction ID: 3564677 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼	Occupati Orthodo Aggrega General		
SUBTOTAL of Receipts 7	his Page (optional))	750.00

;	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 107 / 262
	TEMIZED RECEIPTS		for each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	DDONTIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Joseph Janowski			Date of Receipt
	Mailing Address 2930 Oak Hill Ct			08 01 2007
	City	State	Zip Code	Transaction ID: 3564678
	<u>Lima</u>	OH	45805-4474	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Jennifer Martin			Date of Receipt
	Mailing Address 42 Gentle Creek Pl			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3564680
	Danville	CA	94526-1706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
- С.	Full Name (Last, First, Middle Initial) Dr. John J. Sahlaney			Date of Receipt
-	Mailing Address 425 Pine Valley Drive			M M / D D / Y Y Y Y Y O T O T O T O T O T O T O T O
	City	State	Zip Code	Transaction ID: 3564681
	Bridgeville	PA	15017-3435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
-	· · · · · · · · · · · · · · · · · · ·		<u> </u>	-

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 262 (check only one) X 11a
or for commercial pur NAME OF COMM	poses, other than using the n	name and add	y not be sold or used by any persondress of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Dr. Lew B. Sample	First, Middle Initial) 1305 Brindwood Ln SE			Date of Receipt
City		State	Zip Code	08 01 2007
Decatur		AL	35601-6905	Transaction ID: 3564682 Amount of Each Receipt this Period
FEC ID number o		C		250.00
Name of Employe Self-Employed	r	Occupation Orthodor		
Receipt For: Primary Other (spec	General ify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, F	First, Middle Initial) eiss			Date of Receipt
	205 William Dr			08 08 2007
City Canonsburg		State PA	Zip Code	Transaction ID: 3564683
FEC ID number of federal political co		C	15317-5205	Amount of Each Receipt this Period 250.00
Name of Employed Self-Employed	r	Occupation		
Receipt For: Primary Other (spec	General ify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, F	First, Middle Initial) erson, III			Date of Receipt
Mailing Address	183 Balboa Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Hattiesburg</u>		State MS	Zip Code 39402-9505	Transaction ID: 3564684 Amount of Each Receipt this Period
FEC ID number of federal political co		C		250.00
Name of Employed Self-Employed	r	Occupation Orthodor		7
Receipt For: Primary Other (spec	General ify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Rece	eipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 262 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI	HODONTIST	S POLITICAL ACTION COM	MMITTEE
۷.	Full Name (Last, First, Middle Initial) Dr. Yakov S. Eisenberger			Date of Receipt
	Mailing Address One Hanson PI #1308		7'- 0-1-	08 09 2007
	City Brooklyn	State NY	Zip Code 11243-2902	Transaction ID: 3564685 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11210 2002	250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Patricia Vayda			Date of Receipt
	Mailing Address 5601 Oaklawn Ave			08 / 09 / 2007
	City	State	Zip Code	Transaction ID: 3564686
	Edina FEC ID number of contributing federal political committee.	C	55424-1614	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Susan Park			Date of Receipt
	Mailing Address 709 N Main St			0 8 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3564687
	North Syracuse FEC ID number of contributing federal political committee.	C	13212-1669	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .	1		750.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 262 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jeri Lynnette Stull Mailing Address 55 Walden Lane City Fort Thomas FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State KY C Occupation Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Erin L. McCutchen Mailing Address 3101 Childers St City Raleigh FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State NC C Occupation Orthodor		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gary Dean Mundy Mailing Address 900 Singing Hills Dr City El Paso FEC ID number of contributing federal political committee.	State TX	Zip Code 79912-3404	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 0 9 2 0 0 7 Transaction ID: 3564693 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodor Aggregate		
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any persusing the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Deborah R. New		Date of Receipt
Mailing Address 123 Loyalist A	ve	08 08 2007
City	State Zip Code	Transaction ID: 3564694
Rochester	NY 14624-4966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Dana E. Fender)	Date of Receipt
Mailing Address PO Box 1980		08 01 7 2007
City	State Zip Code	Transaction ID: 3564695
Douglas	GA 31534-1980	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William R. Beam		Date of Receipt
Mailing Address 1530 W Melros	se	08 / 08 / 2007
City <u>Chicago</u>	State Zip Code IL 60657-2118	Transaction ID: 3564697 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (o	ptional)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 262 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William Duke Wright Mailing Address 4644 W Hillside Dr			Date of Receipt 0 8 0 9 2 0 0 7
City Vernal FEC ID number of contributing federal political committee.	State UT	Zip Code 84078-9455	Transaction ID: 3564698 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodor		
Full Name (Last, First, Middle Initial) Dr. Audrey M. Boutros Mailing Address 4124 Emory St			Date of Receipt 0 8 0 1 2 0 0 7
City	State	Zip Code	Transaction ID: 3564699
Houston	TX	77005-1921	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Eric R. Overby			Date of Receipt
Mailing Address 1000 8th Ave NW			07 27 2007
City	State	Zip Code	Transaction ID: 3564700
Austin FEC ID number of contributing federal political committee.	C	55912-2028	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 262 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COL	
Full Name (Last, First, Middle Initial) Dr. Nelson Hu		Date of Receipt
Mailing Address 2499 Neptune Ct		0 8 0 1 2 0 0 7
City	State Zip Code	Transaction ID: 3564701
Tracy	CA 95304-5912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Donald W. Hunt, Jr.		Date of Receipt
Mailing Address 232 Camille Ave		08 / 08 / 2007
City	State Zip Code	Transaction ID: 3564702
Greenville FEC ID number of contributing federal political committee.	SC 29605-1704	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory A. McKenna	L	Date of Receipt
Mailing Address 22 Lyndenwood E)r	08 14 2007
City	State Zip Code	Transaction ID: 3564703
Brookfield	CT 06804-3141	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	nal)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to a THODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Paul W. Sproul Mailing Address 106 Indian Crest Dr City Madison FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code AL 35758-7951 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Z D D Z D D Z D D D D D D D D D
Full Name (Last, First, Middle Initial) Dr. Steven Solow Mailing Address 990 City Line Ave City Wynnewood FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code PA 19096-4005 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 8
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Travis Q. Harshman Mailing Address 7777 Hunters Way City Ada FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code MI 49301-8350 C Occupation	Date of Receipt M M M / D D M 2007 Transaction ID: 3564706 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	Orthodontist Aggregate Year-to-Date 250.00	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 262 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN ASSOCIATION OF ORTH	HODONTISTS POLITICAL ACTION COM	1MITTEE
Full Name (Last, First, Middle Initial) Dr. Christopher Keith Smedley Mailing Address 630 Beaumont Cir		Date of Receipt
City	State Zip Code	0 8 1 0 2 0 0 7 Transaction ID: 3564709
West Chester	PA 19380-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Corbett K. Stephens		Date of Receipt
Mailing Address 2933 Shenandoah		0 8 0 1 2 0 0 7
City	State Zip Code	Transaction ID: 3564711
<u>Tyler</u>	TX 75701-6536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Sean P. Connolly	<u> </u>	Date of Receipt
Mailing Address 2 Foster Rd		08 08 2007
City	State Zip Code	Transaction ID: 3564712
Merrimack FEC ID number of contributing	NH 03054-4266	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	1	750.00
TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 262 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. Wayne Wyatt Mailing Address 24115 S Meadowview	Ct		Date of Receipt
	City	State	Zip Code	0 8 0 8 2 0 0 7 Transaction ID: 3564713
	Claremore FEC ID number of contributing federal political committee.	OK C	74019-4117	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General	Occupatio Orthodor Aggregate	ntist e Year-to-Date ▼	
	Other (specify) Full Name (Last, First, Middle Initial) Dr. Matthew C. Mayers	0 0	250.00	Date of Receipt
	Mailing Address 2544 Breezewood Ln			08 01 2007
	City Lima	State OH	Zip Code 45805-3893	Transaction ID: 3564714
	FEC ID number of contributing federal political committee.	C	43003-3093	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Maria C. Castano-Rendon			Date of Receipt
	Mailing Address 344 Park Valley Dr			08 / 20 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3564715
	Coppell FEC ID number of contributing federal political committee.	C	75019-5374	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
5	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per- the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Darron Mortenson Mailing Address 3879 E Timberline		Date of Receipt
City Gilbert	State Zip Code AZ 85297-9569	Transaction ID: 3564716 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Dana Anne Gamblin Mailing Address 1815 61st Ave #10	1	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564719
Greeley	CO 80634-7995	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lawrence S. Harte		Date of Receipt
Mailing Address 100 W Mount Pleas		08 / 08 / 2007
City Livingston	State Zip Code NJ 07039-2971	Transaction ID: 3564720
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	J)	1000.00

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 262 (check only one) X 11a
NAME OF COMMITTE	E (In Full)	ay not be sold or used by any pers ddress of any political committee to TS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last, First, Nor. Leon Nehmad Mailing Address 8806) City Margate City FEC ID number of contrested political committed Name of Employer Self-Employed	State NJ ibuting		Date of Receipt M M M / D D M 2007 Transaction ID: 3564721 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) ▼	General Aggrega	te Year-to-Date ▼ 250.00	
Full Name (Last, First, M. Dr. Perry M. Opin Mailing Address 520	/liddle Initial) Sportsmans Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Orange FEC ID number of contrept federal political committee		Zip Code 06477-2329	Transaction ID: 3564723 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary Other (specify)	Occupat Orthodo Aggrega General		
Full Name (Last, First, More Dr. Gerald W. Springstead Mailing Address 1111	d ,		Date of Receipt 0 8 1 4 2 0 0 7
City Brooksville FEC ID number of contr		Zip Code 34601-8640	Transaction ID: 3564725 Amount of Each Receipt this Period 250.00
federal political committee Name of Employer Self-Employed	Occupat Orthodo		
Receipt For: Primary Other (specify)	Aggrega General	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts T	his Page (optional)		750.00

City State Zip Code Richardson TX 75080-1520 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Occupation Other (specify) ▼ FEC ID number of contributing federal Political committee. Full Name (Last, First, Middle Initial) Dr. Lamon A. Stewart, Jr. Mailing Address 24 Chesapeake Landing City State Zip Code MD 21403-2615 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Orthodontist Receipt For: Primary General Orthodontist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael D. Hayward Mailing Address 114 Old Oak Dr City State Zip Code North Barrington IL 60010-2224 Amount of Each Receipt this Per Transaction ID: 3564728 Amount of Each Receipt M M / 0 0 0 / 1 / 2 0 / 2	IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Full Name (Last, First, Middle Initial) Dit. Jimmy C. Boley Mailing Address 1106 High Vista Ln City State Zip Code Tix 75080-1520 FEC ID number of contributing federal political committee. Name of Employer Othor (specify) Other (specify) Othor (specify) Occupation Orthodontist Receipt For: Primary General Other (specify) Occupation Orthodontist Aggregate Year-to-Date Occupation Orthodontist Aggregate Year-to-Date Date of Receipt Transaction ID: 3564728 Amount of Each Receipt this Per Amount of Each Receipt this Per Amount of Each Receipt this Per Date of Receipt Transaction ID: 3564728 Amount of Each Receipt this Per Aggregate Year-to-Date Date of Receipt Transaction ID: 3564728 Amount of Each Receipt this Per Date of Receipt Date of Receipt Transaction ID: 3564728 Amount of Each Receipt this Per Self-Employed Orthodontist Date of Receipt Date of Receipt Date of Receipt Transaction ID: 3564728 Amount of Each Receipt this Per Self-Employed Orthodontist Date of Receipt Date of Receipt Aggregate Year-to-Date Transaction ID: 3564728 Amount of Each Receipt this Per Self-Employed Orthodontist Aggregate Year-to-Date Primary General Orthodontist Aggregate Year-to-Date Primary General	commercial purposes, other than using the na ME OF COMMITTEE (In Full)	ame and address of any political committee to	solicit contributions from such committee.
Richardson TX 75080-1520 REC ID number of contributing federal political committee. Name of Employer Self-Employer General Other (specify) ▼	I Name (Last, First, Middle Initial) Jimmy C. Boley iling Address 1106 High Vista Ln		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employed Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ 250.00 Prull Name (Last, First, Middle Initial) Dr. Lamon A. Stewart, Jr. Mailing Address 24 Chesapeake Landing City State Zip Code Annapolis MD 21403-2615 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: 3564727 Amount of Each Receipt this Per 250.00 Transaction ID: 3564727 Amount of Each Receipt this Per 250.00 Date of Receipt Transaction ID: 3564728 Amount of Each Receipt Transaction		·	
Receipt For: Primary	C ID number of contributing		250.00
Dr. Lamon A. Stewart, Jr. Mailing Address 24 Chesapeake Landing City State Zip Code MD 21403-2615 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt Transaction ID: 3564727 Amount of Each Receipt this Per 25 Amount of Each Receipt this Per 25 Primary General Other (specify) ▼ 250.00 Dr. Michael D. Hayward Mailing Address 114 Old Oak Dr City State Zip Code Transaction ID: 3564728 North Barrington IIL 60010-2224 PEC ID number of contributing federal political committee. Name of Employer State Zip Code IIL 60010-2224 Receipt For: Code Transaction ID: 3564728 Amount of Each Receipt this Per 2561-Employed Orthodontist Receipt For: Aggregate Year-to-Date ▼ Primary General Orthodontist Receipt For: Aggregate Year-to-Date ▼	ceipt For: Primary General	Orthodontist Aggregate Year-to-Date ▼	
City State Zip Code MD 21403-2615 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ City State Zip Code MD 21403-2615 FEU IN Name (Last, First, Middle Initial) Dr. Michael D. Hayward Mailing Address 114 Old Oak Dr City State Zip Code North Barrington IL 60010-2224 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Occupation Orthodontist City State Zip Code Transaction ID: 3564728 Amount of Each Receipt Mailing Address 114 Old Oak Dr Transaction ID: 3564727 Amount of Each Receipt this Per Oak Mailing Address 114 Old Oak Dr Transaction ID: 3564728 Amount of Each Receipt this Per Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist	Lamon A. Stewart, Jr.		M M / D D / Y Y Y Y
Annapolis MD 21403-2615 Amount of Each Receipt this Per FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Partial Name (Last, First, Middle Initial) Dr. Michael D. Hayward Mailing Address 114 Old Oak Dr City State Zip Code North Barrington FEC ID number of contributing federal political committee. Name of Employer Self-Employed Name of Employer Self-Employed Name of Employer Self-Employed Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	y	State Zip Code	
Receipt For: Primary General Other (specify) ▼	napolis	MD 21403-2615	Amount of Each Receipt this Period
Self-Employed Orthodontist Receipt For: Primary		C	250.00
Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Michael D. Hayward Mailing Address 114 Old Oak Dr City State Zip Code North Barrington IL 60010-2224 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General 250.00 Date of Receipt M M M / D D D / Y Y O D D D / Y Y O D D D / Y Y O D D D / Y Y O D D D / Y Y O D D D / Y Y Y O D D D / Y Y Y O D D D / Y Y Y O D D D / Y Y Y O D D D / Y Y Y O D D D / Y Y Y O D D D / Y Y Y O D D D / Y Y Y O D D D D D D D D D D D D D D D D	lf-Employèd *	Orthodontist	
Dr. Michael D. Hayward Mailing Address 114 Old Oak Dr City State Zip Code North Barrington IL 60010-2224 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Date of Receipt M M / D D / Y Y Y O D D / Y Y Y O D D / Y Y Y Y O D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General		
City State Zip Code Transaction ID: 3564728 North Barrington IL 60010-2224 FEC ID number of contributing federal political committee. C 25 Name of Employer Self-Employed Orthodontist Receipt For: Aggregate Year-to-Date ▼	Michael D. Hayward		M M / D D / Y Y Y
North Barrington IL 60010-2224 Amount of Each Receipt this Per EC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Amount of Each Receipt this Per 25	y	State Zip Code	
federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist Aggregate Year-to-Date 250.00	orth Barrington	IL 60010-2224	Amount of Each Receipt this Period
Self-Employed Orthodontist Receipt For: Primary General Aggregate Year-to-Date ▼		C	250.00
Primary General 350 00		Orthodontist	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	OTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personen name and address of any political committee to	
1 1	THODONTISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. Charles E. Pritchett		Date of Receipt
Mailing Address 13438 Pilot Ln City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
McCordsville	IN 46055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Tom Hartman		Date of Receipt
Mailing Address 4028 Caravelle		08 / 09 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City	State Zip Code	Transaction ID: 3564731
Anchorage	AK 99502-2714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John S. Kanyusik		Date of Receipt
Mailing Address 201 Indian Hill Rd		08 / 01 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564732
Mankato	MN 56001-8940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (creeift)	Aggregate Year-to-Date ▼ 250.00	
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In	Full)	ay not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last, First, Middle Dr. Ralph C. Del Priore Mailing Address Mariane	,		Date of Receipt
- Walling Address Wallane	Ot .		08 14 2007
City	State	Zip Code	Transaction ID: 3564733
Alpine FEC ID number of contributir federal political committee.	NJ C	07620	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Dr. Calvin K. Heinrich	e Initial)		Date of Receipt
Mailing Address 7917 Bel	n Hogan Dr		0 8 0 1 2 0 0 7
City	State	Zip Code	Transaction ID: 3564734
Las Vegas	NV	89149-6606	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Dr. James D. Kaley	e Initial)		Date of Receipt
Mailing Address 3910 Ha	zel Ln		08 03 7 2007
City	State	Zip Code	Transaction ID: 3564735
Greensboro	NC	27408-3188	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This F	Page (optional)		750.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAM	rmation copied from such Reports and Si immercial purposes, other than using the E OF COMMITTEE (In Full) ERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. K Maili City Nap	Name (Last, First, Middle Initial) Jenneth H. Peterson Ing Address 1409 Ambleside Cir Jerville ID number of contributing	State IL	Zip Code 60540-0317	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam Self-	e of Employer Employed sipt For: Primary General Other (specify) Other (specify)	Occupation Orthodor Aggregate		250.00
Dr. A	Name (Last, First, Middle Initial) . Phillip Samuels ng Address 505 Skyview Cir			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 3564738
Nor	folk	NE	68701-3675	Amount of Each Receipt this Period
	ID number of contributing all political committee.	C		250.00
Nam Self-	e of Employer Employed	Occupation Orthodor		
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) homas G. Leonard			Date of Receipt
	ng Address 20 Algonquin Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 3564739
FEC	Over ID number of contributing ral political committee.	C	01810-5502	Amount of Each Receipt this Period 250.00
Nam Self-	e of Employer Employed	Occupation		
Rece	oipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTO	DTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 262 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	tatements may not be sold or used by any personame and address of any political committee to a solution of the	
Full Name (Last, First, Middle Initial) Dr. Henry DiLorenzo Mailing Address 1201 Swan Harbour C City Fort Washington FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MD 20744-7027 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Robert D. Scott, Jr. Mailing Address 20 Mine Brook Rd City Colts Neck FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 07722-1749 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Earl L. Haller Mailing Address 2145 Los Gatos Almad City San Jose FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	den Rd State Zip Code CA 95124-5419 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M O 9 Transaction ID: 3564743 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 262 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may the name and add	y not be sold or used by any person dress of any political committee to	
AMERICAN ASSOCIATION OF OR	THODONTIST	S POLITICAL ACTION COM	<i>M</i> MITTEE
Full Name (Last, First, Middle Initial) Dr. J. Anthony Quinn			Date of Receipt
Mailing Address PO Box 771			08 01 2007
City	State	Zip Code	Transaction ID: 3564744
Waverly	PA	18471-0771	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. C. Robert Henry, Jr.			Date of Receipt
Mailing Address 3605 Northfield Dr			08 01 2007
City	State	Zip Code	Transaction ID: 3564745
Midland	TX	79707-4553	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James F. Hoag			Date of Receipt
Mailing Address 5308 E 22nd St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564746
Casper	WY	82609-4603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Dale V. Rhoney Mailing Address 1414 Country Comn City Lake Oswego FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code OR 97034-2170 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Theodore R. Pope Mailing Address 573 David Pkwy City Kettering FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code OH 45429-1977 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564750 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Stanley Gersch Mailing Address 39 Scudder Road City Westfield FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 07090-1929 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564753 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 262 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any pe he name and address of any political committee THODONTISTS POLITICAL ACTION CO	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gary R. Baughman Mailing Address 4011 Fort Donelson	Dr	Date of Receipt
City Stockton FEC ID number of contributing	State Zip Code CA 95219-3216	Transaction ID: 3564754 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Dennis D. Sommers Mailing Address 1418 Cook Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Minot FEC ID number of contributing	State Zip Code ND 58701-6827	Transaction ID: 3564755 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael J. Rovner Mailing Address 812 38th Street		Date of Receipt
City West Des Moines FEC ID number of contributing federal political committee.	State Zip Code IA 50265-3178	Transaction ID: 3564756 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 262 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements mag g the name and add	y not be sold or used by any person dress of any political committee to	
AMERICAN ASSOCIATION OF O	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Rand D. Brown Mailing Address 7861 S Siesta Dr			Date of Receipt
City	State	Zip Code	0 8 0 8 2 0 0 7 Transaction ID: 3564757
Sandy FEC ID number of contributing federal political committee.	C	84093-6204	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. L. R. Fuqua, Jr. Mailing Address 505 N Kentucky St			Date of Receipt
			08 14 2007
City	State	Zip Code	Transaction ID: 3564758
Kingston FEC ID number of contributing federal political committee.	TN	37763-2630	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert G. Wertz Mailing Address 136 Schaeffer Rd	•		Date of Receipt
Mailing Address 136 Schaeffer Rd			08 08 2007
City	State PA	Zip Code	Transaction ID: 3564760
Newmanstown FEC ID number of contributing federal political committee.	C	17073-8954	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM-	
Full Name (Last, First, Middle Initial) Dr. Robert R. Youngquist Mailing Address 585 N Lakeshore D City Fontana FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code WI 53125-1123 C Occupation	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John W. Moore Mailing Address 4263 NE 73rd City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Seattle FEC ID number of contributing federal political committee.	WA 98115-6033 C Occupation	Transaction ID: 3564762 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John F. Buzzatto Mailing Address 4012 Letort Lane		Date of Receipt 0 7 3 0 2 0 0 7
City Allison Park FEC ID number of contributing	State Zip Code PA 15101-3131 C	Transaction ID: 3564764 Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	I)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 262 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph T. Mellion Mailing Address 2820 Round Hill Dr		S FOLITICAL ACTION CON	Date of Receipt
City Akron	State OH	Zip Code 44333-2272	Transaction ID: 3564765 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed	Occupation		250.00
Receipt For: Primary General Other (specify) ▼	Orthodor Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joseph J. Shadeed Mailing Address 452 Pleasant Lane			Date of Receipt 0 7 3 0 2 0 0 7
City	State	Zip Code	Transaction ID: 3564766
Bucyrus	OH	44820-3123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Dona M. Seely Mailing Address 16730 Shore Dr N E	<u> </u>		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564767
Lake Forest Park FEC ID number of contributing federal political committee.	C	98155-5634	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)		750.00

A			for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 15 16 17 15 16 17 17 17 17 17 17 17
V	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	THODONTIST	S POLITICAL ACTION COM	MMITTEE
۸.	Full Name (Last, First, Middle Initial) Dr. Loring L. Ross Mailing Address 212 81st Ave N			Date of Receipt
	Z1Z 81St AVE N			08 01 2007
	City	State	Zip Code	Transaction ID: 3564768
	Myrtle Beach	SC	29572-4340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. Robert R. Westbrook, Jr.			Date of Receipt
	Mailing Address 317 Tracy Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3564769
	Victoria	TX	77904-1523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Dr. Benjamin E. Foster			Date of Receipt
	Mailing Address 620 Southern Trace I	Pkwy		08 20 2007
	City	State	Zip Code	Transaction ID: 3564770
	Shreveport	LA	71106-9323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	natements may not be sold or used by any personame and address of any political committee to ODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. James E. Compton Mailing Address 2745 Racquet Club Dr City Midland FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 79705-7433 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564771 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Roger A. Grace Mailing Address 43 Longwood Dr City Shalimar FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code FL 32579-1013 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 3564772 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Edward A. Cronauer Mailing Address 3010 Sorrel Ct City Weston FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code FL 33331-3006 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M J D D J Y Y Y Y Y Transaction ID: 3564773 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	•	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to THODONTISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gary J. Romeo Mailing Address 420 Birch Rd City Fairfield	State Zip Code CT 06824-6725	Date of Receipt M M / D D / Y Y Y Y Y 0 8 0 1 2 0 0 7 Transaction ID: 3564775 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Hugh R. Phillis Mailing Address 10 Poliquin Dr City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nashua FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 750.00	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Michael J. Guevara Mailing Address 59050 Cypress Bayo City Lacombe FEC ID number of contributing	State Zip Code LA 70445-3600	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	THODONTISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Dennis C. Hiller		Date of Receipt
Mailing Address 93 Hiller Rd PO Box 518 City	State Zip Code	0 8 1 4 2 0 0 7 Transaction ID: 3564779
Jackson	NH 03846-0518	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Dean M. Bartlett	1	Date of Receipt
Mailing Address 177 Hartman Rd		08 14 2007
City	State Zip Code	Transaction ID: 3564780
Hudson Falls	NY 12839-9409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Amy D. Rockhill		Date of Receipt
Mailing Address 2310 Maiden Ln SW	1	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 3564781
Roanoke	VA 24015-2212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	c	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (entional)	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 262 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	THODONTIST	'S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Sharon K. Hayes			Date of Receipt
Mailing Address 421 Mulberry St			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: 3564782
Williamsport FEC ID number of contributing federal political committee.	C	17701-6311	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark F. Bellard			Date of Receipt
Mailing Address 1730 Karen Ln			08 03 YYYYY 08 03 2007
City	State	Zip Code	Transaction ID: 3564783
Beaumont FEC ID number of contributing federal political committee.	C	77706-2742	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Peder A. Gaalaas			Date of Receipt
Mailing Address 1007 NW 4th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564785
Grand Rapids FEC ID number of contributing federal political committee.	C	55744-2434	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 262 (check only one)
_			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	IMITTEE
	/ AWIETHO/NY/NOCCON/MICH OF CITTIN	000111101	OT GETTIONE NOTION GON	
Α.	Full Name (Last, First, Middle Initial) Dr. David W. Johnson			Date of Receipt
	Mailing Address 617 Dublin Way			08 01 2007
	City	State	Zip Code	Transaction ID: 3564786
	<u>Alameda</u>	CA	94502-7445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. C. William Dabney			Date of Receipt
	Mailing Address 3911 Sulgrave Rd			08 / 03 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	City	State	Zip Code	Transaction ID: 3564787
	Richmond	VA	23221-3329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	250.00	
- С.	Full Name (Last, First, Middle Initial) Dr. John T. Bachmann			Date of Receipt
	Mailing Address 104 Equestrian Ln			08 09 2007
	City	State	Zip Code	Transaction ID: 3564788
	Madison	AL	35758-6270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
L			•	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 262 (check only one) X 11a
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to ORTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Thomas L. Ahman		Date of Receipt
Mailing Address 2777 Shagbark I	Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564789
Lima FEC ID number of contributing federal political committee.	OH 45806-1635	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kevin L. Denis	l	Date of Receipt
Mailing Address 61 Pine St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mahtomedi	State Zip Code MN 55115-1936	Transaction ID: 3564790 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Steven L. Hechler	I	Date of Receipt
Mailing Address 11533 Canterbu	ry Cir	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Leawood	State Zip Code KS 66211-2918	Transaction ID: 3564791 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	onal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Terrie T. Yoshikane Mailing Address PO Box 675685			Date of Receipt
City	State	Zip Code	0 8 0 1 2 0 0 7 Transaction ID: 3564792
Rancho Santa Fe	CA	92067-5685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John L. Hayes	.		Date of Receipt
Mailing Address 421 Mulberry St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564793
Williamsport	PA	17701-6311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael J. Mayhew	1		Date of Receipt
Mailing Address 167 Glendale Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564795
Boone	NC	28607-3744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any person to the name and address of any political committee. FORTHODONTISTS POLITICAL ACTION C	
Full Name (Last, First, Middle Initial) Dr. Claude R. Stephens, Jr. Mailing Address 4360 Red Oak City Midlothian FEC ID number of contributing	State Zip Code TX 76065-4860	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rec in humber of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Dr. Alvin F. Weidman, Jr. Mailing Address 3965 Eastlake		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Morgantown FEC ID number of contributing federal political committee. Name of Employer	State Zip Code WV 26508-8673 C Occupation	Transaction ID: 3564798 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard P. Fisher Mailing Address 451 Marnie Ln		Date of Receipt 0 7 2 7 2 0 0 7
City Peshtigo FEC ID number of contributing	State Zip Code WI 54157-1122 C	Transaction ID: 3564801 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (or	tional)	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person general the name and address of any political committee to extra political committee to extra political committee to extra political action controls.	
Full Name (Last, First, Middle Initial) Dr. James Richard Karpac Mailing Address 5816 Leven Links City Dublin FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code OH 43017-9744 C Occupation Orthodontist	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. W. Michael Thomas Mailing Address 43 Moharimet Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564805
Madbury	NH 03823-7578	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Leon E. Souweine	-	Date of Receipt
Mailing Address 72 Broadway		08 / 01 / Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564806
Bangor FEC ID number of contributing federal political committee.	ME 04401-5202	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 262 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR			
Full Name (Last, First, Middle Initial) Dr. David W. Wardlaw			Date of Receipt
Mailing Address 6 River Ridge Rd			08 03 2007
City Little Rock	State AR	Zip Code 72227-1522	Transaction ID: 3564807 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	TELL TOLL	250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William P. O'Gara	I		Date of Receipt
Mailing Address 505 Hammill Ln			0 8 0 1 Y Y Y Y Y
City Reno	State NV	Zip Code	Transaction ID: 3564808
FEC ID number of contributing federal political committee.	C	89511-1004	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Steven Jay Smiley			Date of Receipt
Mailing Address 1035 Willis Rd			0 8 0 1 2 0 0 7
City	State	Zip Code	Transaction ID: 3564809
Spartanburg FEC ID number of contributing federal political committee.	SC	29301-5087	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	50		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pe g the name and address of any political committee RTHODONTISTS POLITICAL ACTION Co	
Full Name (Last, First, Middle Initial) Dr. David C. McReynolds Mailing Address 925 Ridge Ct		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Keller FEC ID number of contributing	State Zip Code TX 76248-3252	Amount of Each Receipt this Period
federal political committee. Name of Employer Self-Employed	Occupation Orthodontist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Douglas W. Vayda Mailing Address 5601 Oaklawn Ave	·	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564811
<u>Edina</u>	MN 55424-1614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Steven S. Banks Mailing Address 6050 N Avondale		Date of Receipt
City	State Zip Code	08 10 2007
<u>Chicago</u>	IL 60631-2477	Transaction ID: 3564812 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 262 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
AMERICAN ASSOCIATION OF ORTH	ODOMISIS	FOLITICAL ACTION CON	
Full Name (Last, First, Middle Initial) Dr. Kay W. O'Leary			Date of Receipt
Mailing Address 18590 Arapahoe Cir			08 01 2007
City	State	Zip Code	Transaction ID: 3564814
Port Charlotte	FL	33948-9514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodonti	st	1
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Tom Atkinson, Jr.			Date of Receipt
Mailing Address 168 Chapman Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564815
Greenville	SC	29605-3108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodonti	st	1
Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. S. Kendall Dunn			Date of Receipt
Mailing Address 256 Timberlane Rd			08 08 7 2007
City	State	Zip Code	Transaction ID: 3564816
Pike Road	AL	36064-3446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodonti	st	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any perso sing the name and address of any political committee to ORTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Robert M. Merrill		Date of Receipt
Mailing Address 1026 N Fairview	Pl	08 14 2007
City	State Zip Code	Transaction ID: 3564817
East Wenatchee	WA 98802-4494	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Greg C. Nalchajian	I	Date of Receipt
Mailing Address 1080 E Kelso Av	е	08 14 2007
City	State Zip Code	Transaction ID: 3564818
Fresno	CA 93720-1849	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert M. Cuenin		Date of Receipt
Mailing Address 18 Gary Way		0 8 1 4 2 0 0 7
City	State Zip Code	Transaction ID: 3564819
Alamo	CA 94507-2430	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (onti	onal)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 262 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	
AMERICAN ASSOCIATION OF OF	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Marie Bond Farrar			Date of Receipt
Mailing Address 7333 Noah Reid Ro			08 01 2007
City	State	Zip Code	Transaction ID: 3564820
Chattanooga	TN	37421-1610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Dale Edward Fehr	· ·		Date of Receipt
Mailing Address 85 Kennelworth Cir			08 03 7 2007
City	State	Zip Code	Transaction ID: 3564821
<u>Hampton</u>	IL	61256-9663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James W. Logeman			Date of Receipt
Mailing Address 11988 Antietam Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564823
Loveland	OH	45140-7118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		7
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information period from such Penerts at	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee the state of the state	
Full Name (Last, First, Middle Initial) Dr. Benton James Runquist		Date of Receipt
Mailing Address 307 Grande Ave		08 03 2007
City	State Zip Code	Transaction ID: 3564824
<u>Davis</u>	CA 95616-0211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy F. Buckley Mailing Address 2659 West Avenue	0-4	Date of Receipt
-		08 10 2007
City Palmdale	State Zip Code CA 93551-2404	Transaction ID: 3564825
FEC ID number of contributing federal political committee.	C 95331-2404	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert F. Girgis		Date of Receipt
Mailing Address 1315 Brittany Ave		08 01 2007
City	State Zip Code	Transaction ID: 3564826
Naperville	IL 60540-8387	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option:	al)	1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 262 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION CO	MMITTEE
۱.	Full Name (Last, First, Middle Initial) Dr. Jerome A. Jarosz Mailing Address 208 W Plum Grove C	N:		Date of Receipt
	City	State	Zip Code	0 8 1 0 2 2 0 0 7
	Arlington Heights	IL	60004-1373	Transaction ID: 3564827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Clark D. Colville	1		Date of Receipt
	Mailing Address 905 N Camp St			08 14 2007
	City	State	Zip Code	Transaction ID: 3564828
	Seguin Seguin	TX	78155-4553	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodox		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
. –	Full Name (Last, First, Middle Initial) Dr. Shari L. Wolsky			Date of Receipt
	Mailing Address 35430 Spicebush Ln			08 03 2007
	City	State	Zip Code	Transaction ID: 3564829
	Solon Solon	OH	44139-5060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol	ntist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
		1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	ODONTISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Hilton Goldreich		Date of Receipt
Mailing Address 2204 Bradbury Ct City	State Zip Code	0 7 2 7 2 0 0 7 Transaction ID: 3564830
<u>Plano</u>	TX 75093-4351	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Bret E. Cooper		Date of Receipt
Mailing Address 13602 Black Bear Ln N		07 27 7 2007
City	State Zip Code	Transaction ID: 3564831
<u>Bemidji</u>	MN 56601-6090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Debra Dobbs		Date of Receipt
Mailing Address PO Box 807		08 10 7 2007
City	State Zip Code	Transaction ID: 3564832
Saint James	NY 11780-0807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	750.0

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 262 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Louis Merritt Mailing Address 1901 NW Military City	#110 State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
San Antonio FEC ID number of contributing federal political committee.	TX 78213-2132	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Luis J. Alvarez Mailing Address 1704 Cortland Ln		Date of Receipt 0 7 2 7 2 0 0 7
City	State Zip Code	Transaction ID: 3564835
Bethlehem	PA 18015-9065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Donald C. Wilson Mailing Address 3132 SW Westov	or Pd	Date of Receipt
		08 08 2007
City Topeka	State Zip Code KS 66604-2587	Transaction ID: 3564836
FEC ID number of contributing federal political committee.	KS 66604-2587	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pe g the name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Paul Nelson Mailing Address 16508 9th PI NW City Shoreline FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code WA 98177-3724 C Occupation Orthodontist	Date of Receipt M M M / D D / Y Y Y Y Y Y O 8 0 3 2 0 0 7 Transaction ID: 3564837 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy G. Wilson Mailing Address 11429 Pleasant Va	alley Rd	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564838
Smithsburg	MD 21783-1926	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Deborah D. Royse		Date of Receipt
Mailing Address 266 Allen's Ridge I	Dr E	08 08 2007
City	State Zip Code	Transaction ID: 3564839
Palm Harbor	FL 34683-4803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN ASSOCIATION OF OF	RTHODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Paul W. Reed		Date of Receipt
Mailing Address 929 Michigan St	Charles 7 in Conda	08 08 2007
City Petoskey	State Zip Code MI 49770-2658	Transaction ID: 3564840 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lori Anderson Aiosa		Date of Receipt
Mailing Address 1894 Osprey Bluff E	Blvd	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 3564841
Orange Park	FL 32003-7937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michiel J. Nuveen		Date of Receipt
Mailing Address 5691 Adams Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564845
Grand Forks	ND 58201-3205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	I)	750.00
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num		750.0

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personane and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John Charles Pritchett Mailing Address 11980 Bluestone Dr City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IN 46236-8923 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564846 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Angela R. Becker Mailing Address 3619 N County Line City Huntertown FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code IN 46748-9788 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thomas Joseph Borgula Mailing Address 5805 24 Mile Rd #D City	Orthodontist Aggregate Year-to-Date ▼ 250.00 State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Shelby Township FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼	MI 48316-3281 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers the name and address of any political committee to THODONTISTS POLITICAL ACTION CO	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Frank R. Besson, Jr.	THODONTISTS POLITICAL ACTION CO	Date of Receipt
Mailing Address 31 Allenby Ln City	State Zip Code	0 8 0 1 2 0 0 7 Transaction ID: 3564850
Scotch Plains FEC ID number of contributing federal political committee.	NJ 07076-2405	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	7
Full Name (Last, First, Middle Initial) Dr. Jonathan Jay Eckhardt Mailing Address 422 Connin St		Date of Receipt 0 8 0 8 2 0 0 7
City	State Zip Code	Transaction ID: 3564853
Bryan	OH 43506-1585	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Anthony Rinaldi		Date of Receipt
Mailing Address 5755 Richmond Par	(Dr	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mason	State Zip Code OH 45040-7293	Transaction ID: 3564857 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 262 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Patricia Garcia-Morales Mailing Address 2316 Middlecoff		Date of Receipt
Maining Address 2316 MilddleColl		08 09 2007
City	State Zip Code	Transaction ID: 3564858
Laredo FEC ID number of contributing federal political committee.	TX 78045-8159	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Darrick A. Brown		Date of Receipt
Mailing Address 3107 E Hardies R	d	08 01 YYYY 08 01 2007
City	State Zip Code	Transaction ID: 3564859
Gibsonia	PA 15044-8424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Preston D. Miller, III		Date of Receipt
Mailing Address 19 Northwood Ave	9	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564860
Jackson	TN 38301-4450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 262 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jonathan Shanker Mailing Address 9 High Acres Dr			Date of Receipt 08 09 09 2007
City Saint Louis FEC ID number of contributing federal political committee.	State MO	Zip Code 63132-4210	Transaction ID: 3564861 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodor		
Full Name (Last, First, Middle Initial) Dr. S. Russell Mullen Mailing Address 43093 Candlewick S	6q		Date of Receipt 0 8 0 1 2 0 0 7
City	State	Zip Code	Transaction ID: 3564862
Leesburg	VA	20176-6446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Colin S. Gibson			Date of Receipt
Mailing Address 3550 E 100th Ct			08 08 2007
City	State	Zip Code	Transaction ID: 3564863
Thornton FEC ID number of contributing federal political committee.	C	80229-3548	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 262 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to THODONTISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. J. Scott Malone Mailing Address 26 Eton Green Cir City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 78257-1635 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Shawn M. Perce Mailing Address 26220 Marsh Landing City Ponte Vedra FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code FL 32082-1224 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564865 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Jeremy R. Fry Mailing Address 606 Winnebago Dr City Lake Winnebago FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MO 64034-9419 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M O S O S O S O S Transaction ID: 3564866 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		750.00

or for co	rmation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) ERICAN ASSOCIATION OF ORTI Jame (Last, First, Middle Initial) Lugene L. Dellinger Lag Address 1326 Old Lantern Tr Wayne ID number of contributing al political committee. Le of Employer Employed Lipt For:	e name and addr	ess of any political committee to	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full I Dr. E Mailin City Fort FEC feder Nam Self-	Jame (Last, First, Middle Initial) ugene L. Dellinger ng Address 1326 Old Lantern Tr Wayne ID number of contributing al political committee.	State IN	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. E Mailii City Fort FEC feder Nam Self-	wayne ID number of contributing al political committee. e of Employer Employed	C	·	Transaction ID: 3564867 Amount of Each Receipt this Period
City Fort FEC feder Nam Self-	Wayne ID number of contributing al political committee. of Employer Employed	C	·	Transaction ID: 3564867 Amount of Each Receipt this Period
Fort FEC feder Nam Self-	ID number of contributing al political committee.	C	·	Amount of Each Receipt this Period
FEC feder Nam Self-	ID number of contributing al political committee.	C	46845-1444	
Nam Self-	al political committee.			050.00
		Occupation		250.00
	ipt For:	Orthodont	ist	
Rece		Aggregate \	'ear-to-Date ▼	_
	Primary ☐ General Other (specify) ▼		250.00	
	Jame (Last, First, Middle Initial) nomas G. Robinson			Date of Receipt
	ng Address 5160 S Island View			08 / 01 / Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 3564868
<u>Brin</u>		MI	49715-9409	Amount of Each Receipt this Period
feder	ID number of contributing al political committee.	C		250.00
Nam Self-	e of Employer Employed	Occupation Orthodont	ist	
Rece	ipt For: Primary General	Aggregate \	'ear-to-Date ▼	_
	Other (specify) ▼		250.00	
	Jame (Last, First, Middle Initial) oss D. Christensen			Date of Receipt
Maili	ng Address 1056 Prospect Blvd			08 / 08 / 2007
City		State	Zip Code	Transaction ID: 3564869
	erloo	IA	50701-4930	Amount of Each Receipt this Period
	ID number of contributing all political committee.	C		250.00
	e of Employer Employed	Occupation Orthodont		
Rece	ipt For: Primary General	Aggregate \	/ear-to-Date ▼	-
	Other (specify) ▼	0 0	250.00	
SUBTO	TAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 262 (check only one) X
<u> </u>	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
λ.	Full Name (Last, First, Middle Initial) Dr. George Menken Mailing Address 11 Elaine Dr City New City FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State NY C Occupation Orthodontis	Zip Code 10956-2604	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564870 Amount of Each Receipt this Period 250.00
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Gerald Schwartz Mailing Address 6 Yorktown PI			Date of Receipt 0 8 0 8 2 0 0 7
	City Northport FEC ID number of contributing federal political committee.	State NY	Zip Code 11768-2550	Transaction ID: 3564871 Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontis Aggregate Ye		
.	Full Name (Last, First, Middle Initial) Dr. Arthur A. Dugoni Mailing Address 7 Woodridge Ct			Date of Receipt M M
	City Redwood City FEC ID number of contributing	State CA	Zip Code 94061-1830	Transaction ID: 3564872 Amount of Each Receipt this Period
	federal political committee. Name of Employer Self-Employed	Occupation Orthodontis	st .	250.00
	Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 250.00]
sı	UBTOTAL of Receipts This Page (optional)	<u> </u>		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 262 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David L. Turpin Mailing Address 3002 S W 300th PI City Federal Way FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State WA C Occupation Orthodol Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564875 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. R. Maurice Downs Mailing Address 5650 S W 87th St City Miami FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State FL C Occupation Orthodol Aggregate		Date of Receipt M M M / D D / Y Y Y Y Transaction ID: 3564876 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. R.G. (Wick) Alexander Mailing Address 4013 Shady Valley Dr City Arlington FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State TX C Occupatio Orthodol Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		•	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 262 (check only one) X
An	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	THODONTIST	S POLITICAL ACTION COM	MMITTEE
۸.	Full Name (Last, First, Middle Initial) Dr. W. Bonham Magness			Date of Receipt
	Mailing Address 12211 Perthshire	Ctata	7: Oada	08 01 2007
	City Houston	State TX	Zip Code 77024-4243	Transaction ID: 3564878 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 s.	Full Name (Last, First, Middle Initial) Dr. Harold J. Koppel Mailing Address 110 Jeff Dr			Date of Receipt
				08 03 2007
	City Hot Springs	State AR	Zip Code 71901-7253	Transaction ID: 3564879 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	713017233	250.00
	Name of Employer Self-Employed	Occupation Orthodox		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. William C. Gaylord			Date of Receipt
	Mailing Address 1759 W Stevanna W	ay		0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Flagstaff	State AZ	Zip Code 86001-1157	Transaction ID: 3564880
	FEC ID number of contributing federal political committee.	C	80001-1137	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 262 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to PRTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. George C. Chipain Mailing Address 421 Barclay Ct City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Elmhurst FEC ID number of contributing federal political committee.	IL 60126-4623	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Derick T. Tagawa Mailing Address 9331 Monte Puest	o Dr	Date of Receipt 0 8 0 9 2 0 0 7
City	State Zip Code	Transaction ID: 3564883
Whittier	CA 90603-1033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Clifford E. Campbell		Date of Receipt
Mailing Address 2117 Miller Landir		08 / 14 / 2007
City <u>Tallahassee</u>	State Zip Code FL 32312-9000	Transaction ID: 3564885 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 262 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
Full Name (Last, First, Middle Initial) Dr. Fred A. Booth, Jr.			Date of Receipt
Mailing Address 112 Parkview Ave			08 09 2007
City	State	Zip Code	Transaction ID: 3564887
<u>Fayetteville</u>	NC	28305-4908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Charles K. Wear			Date of Receipt
Mailing Address 5350 Idlewood Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564888
Santa Rosa	CA	95404-1217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Walter H. Dickes			Date of Receipt
Mailing Address 47 Park St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564890
Ellsworth	ME	04605-1629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		_	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to eRTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Robert E. Brossman Mailing Address 115 Oakmont Hills City Wheeling FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code WV 26003-5611 C Occupation Orthodontist Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564891 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph C. Forsman Mailing Address 3809 96th St	250.00	Date of Receipt
City Lubbock FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code TX 79423-3921 C Occupation Orthodontist Aggregate Year-to-Date ▼	Transaction ID: 3564892 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Barry H. Grayson Mailing Address 333 E 30th St #17 City New York	250.00 L State Zip Code NY 10016-6458	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	250.00
	nal)	750.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 163 / 262 (check only one) X 11a
Any information copied from such Reports aror for commercial purposes, other than using	d Statements may not be the name and address of	sold or used by any perso any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	THODONTISTS POL	ITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. Kenneth F. Freer			Date of Receipt
Mailing Address 4500 Green Valley			08 08 2007
City	•	Code	Transaction ID: 3564897
<u>Fairfield</u>	CA 94	534-1313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		7
Receipt For:	Aggregate Year-to	-Date ▼	7
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. James H. Lovell			Date of Receipt
Mailing Address 290 Westmont			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip	Code	Transaction ID: 3564898
West Hartford	CT 06	117-2937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. L. Donald Mayer			Date of Receipt
Mailing Address 500 N Jackson At C	iuadalupe		08 03 7 2007
City	·	Code	Transaction ID: 3564899
La Grange	TX 78	945	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:	Aggregate Year-to	-Date ▼	7
Primary General Other (specify) ▼		250.00	
			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 164 / 262 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	ne name and address of	of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William D. Petty Mailing Address 7550 Woodland Ct			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Burr Ridge FEC ID number of contributing	IL 6	Zip Code 60527-5151	Transaction ID: 3564900 Amount of Each Receipt this Period
Receipt For: Primary General	Occupation Orthodontist Aggregate Year-		250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. C. Jeffrey Bowman Mailing Address 10146 Greensward L	ink	250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ijamsville FEC ID number of contributing federal political committee.		'ip Code 21754-9636	Transaction ID: 3564902 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-	to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gary H. Shanker Mailing Address 10 Dumbarton	'		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Louis FEC ID number of contributing federal political committee.		Zip Code 63132-4409	Transaction ID: 3564903 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-	to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 262 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to HODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John E. Murphy Mailing Address 870 Colcord Place City Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60137-4283 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 3564905 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. David C. Becka Mailing Address 4601 Post Oak Dr City Frisco FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75034-5130 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Nicholas D. Barone Mailing Address 19 Fair Oaks Dr City Lincoln FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code RI 02865-4523 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e Check only one)
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Craig C. Lewis Mailing Address 1757 Lee Janzen Dr City Kissimmee FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code FL 34744-3954 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.	Date of Receipt M M M D D D D D D D D D D D D D D D D
Full Name (Last, First, Middle Initial) Dr. Wayne M. Bauknight Mailing Address 2020 Greenbrook Pkv City Matthews FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NC 28104-7745 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John S. Kacewicz Mailing Address 225 Narragansett Bay City Warwick FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Ave State Zip Code RI 02889-6725 C Occupation Orthodontist Aggregate Year-to-Date 500.	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564914 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) .		1000.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Fu	II)	ay not be sold or used by any pers ddress of any political committee to TS POLITICAL ACTION COL	oon for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last, First, Middle In Dr. Sammy A. Caves			Date of Receipt
Mailing Address 9240 River	на		08 / 04 / 2007
City	State	Zip Code	Transaction ID: 3564915
Fortson FEC ID number of contributing federal political committee.	GA C	31808-2500	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For: Primary General Other (specify) ▼	Aggregat	te Year-to-Date 250.00	
Full Name (Last, First, Middle In Dr. John C. Pryse, Jr.	itial)		Date of Receipt
Mailing Address 304 Frankli	n Pl		0 8
City	State	Zip Code	Transaction ID: 3564916
Clinton FEC ID number of contributing federal political committee.	C	37716-4020	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For: Primary General Other (specify) ▼	Aggregat	te Year-to-Date 250.00	
Full Name (Last, First, Middle In Dr. Hendrik F. Blom	itial)		Date of Receipt
Mailing Address 9716 Wedo	dington Cir		08 01 7 2007
City Granite Bay	State CA	Zip Code 95746-7106	Transaction ID: 3564919 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For: Primary General Other (specify) ▼		te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pag	e (optional)		750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	(,)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 262 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persordress of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Thomas S. Dietrich			Date of Receipt
Mailing Address 1267 Marian Ct			08 09 7 2007
City	State	Zip Code	Transaction ID: 3564922
Alliance	OH	44601-2789	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		7
Receipt For:	 	Year-to-Date V	7
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy J. Tremont			Date of Receipt
Mailing Address 3 Concord Dr			0 8 1 4 2 0 0 7
City	State	Zip Code	Transaction ID: 3564923
McKeesport	PA	15135-3109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas P. Mellion			Date of Receipt
Mailing Address 8715 Baneberry Cir	NW		08 10 7 2007
City	State	Zip Code	Transaction ID: 3564924
Clinton	OH	44216-9501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	HODONTISTS POLITICAL ACTION CO	MMITTEE
Dr. Emma M. DiCarlo Mailing Address 4517 Ihles Rd		Date of Receipt
City	State Zip Code	0 8 0 1 2 0 0 7 Transaction ID: 3564925
Lake Charles	LA 70605-3959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bruce J. Jiorle	I	Date of Receipt
Mailing Address 59 Country Acres Dr		08 08 2007
City	State Zip Code	Transaction ID: 3564926
<u>Hampton</u>	NJ 08827-4112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. David R. Sain		Date of Receipt
Mailing Address 1535 Avon Rd		08 01 2007
City <u>Murfreesboro</u>	State Zip Code TN 37129-6040	Transaction ID: 3564928 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .	1	1000.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 262 (check only one) X
NAME OF	on copied from such Reports and St cial purposes, other than using the COMMITTEE (In Full) AN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Dr. Michael Mailing Add City Cullman FEC ID nu	mber of contributing tical committee. mployer byed	State AL C Occupation Orthodor Aggregate	ntist Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564929 Amount of Each Receipt this Period 250.00
Full Name Dr. Stepher Mailing Add City Harrisonl	burg mber of contributing itical committee.	State VA C	Zip Code 22801-3413	Date of Receipt M M M / D D / Y Y Y Y Y 0 8
Receipt Fo Prim. Othe Full Name Dr. J. Kend	r: ary General or (specify) ▼ (Last, First, Middle Initial) all Dillehay	Orthodor Aggregate	e Year-to-Date ▼ 250.00	Date of Receipt
City <u>Wichita</u> FEC ID nu	mber of contributing tical committee.	State KS C		Transaction ID: 3564931 Amount of Each Receipt this Period 250.00
Receipt Fo	r:	Orthodor Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL	of Receipts This Page (optional)			750.00

SCHEDULE A (I	EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 / 262 (check only one) X
or for commercial purpos NAME OF COMMITT	es, other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. //MITTEE
Full Name (Last, First Dr. William L. Kocheno Mailing Address 24	ur, II		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564932
Palm Harbor FEC ID number of co federal political comm		34683-5441	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupati Orthodo	ontist	
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 250.00]
Full Name (Last, First Dr. D. Briar Diggs	, Middle Initial)		Date of Receipt
Mailing Address 48	75 Heaven's Gate		08 14 2007
City Missoula	State MT	Zip Code 59803-2460	Transaction ID: 3564933
FEC ID number of co federal political comm	ntributing	33003-2400	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 250.00	
Full Name (Last, First Dr. Burch G. Cameron	, Middle Initial)		Date of Receipt
Mailing Address 10	1 Graystone Court		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus	State GA	Zip Code	Transaction ID: 3564934
FEC ID number of co	ntributing	31904-4301	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts	This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(criccit diny drie)
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. Alfred C. Griffin, Jr. Mailing Address 8498 Opal Rd	Olate 7in Onda	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Warrenton	State Zip Code VA 20186-8687	Transaction ID: 3564937 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 20100 0007	500.00
	Name of Employer Self-Employed Receipt For:	Occupation Orthodontist Aggregate Year-to-Date	
	Primary General Other (specify) ▼	500.0	00
	Full Name (Last, First, Middle Initial) Dr. Robin A. Weeks Mailing Address 120 N Windham Rd		Date of Receipt
	City	State Zip Code	08 01 2007
	Windham	State Zip Code CT 06280-1127	Transaction ID: 3564939 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	00
	Full Name (Last, First, Middle Initial) Dr. John A. Gerling		Date of Receipt
	Mailing Address 616 Avocet		M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
	City	State Zip Code	Transaction ID: 3564940
	McAllen	TX 78504-2762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	00
s	UBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1/3 / 262 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	<u>- </u>	•	
Full Name (Last, First, Middle Initial) Dr. David L. Olsen			Date of Receipt
Mailing Address 1009 E Woodcres	t Dr		M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: 3564941
Appleton FEC ID number of contributing federal political committee.	C	54915-4556	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Pete N. Bougas, Jr.	I		Date of Receipt
Mailing Address 1231 Gulfport Run	1		07 27 YYYY 2007
City	State	Zip Code	Transaction ID: 3564944
Grayson FEC ID number of contributing	GA	30017-2967	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		7
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John D. Hirce			Date of Receipt
Mailing Address 337 Minebrook Rd	 		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564945
Bernardsville FEC ID number of contributing federal political committee.	NJ C	07924-2111	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. Kirk I. Moran			Date of Receipt
Mailing Address 6921 W Voltaire			08 10 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564947
<u>Peoria</u>	AZ	85381-5059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Alan W. Irvin			Date of Receipt
Mailing Address 106 Elmwood Dr			0 8 1 4 2 0 0 7
City	State	Zip Code	Transaction ID: 3564948
Greensboro	NC	27408-5828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John R. Mariotti			Date of Receipt
Mailing Address 123 Old Orchard Rd			0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564949
Clarks Green	PA	18411-1119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		750.00

Anytinfo	rmation copied from auch Departs and Sta	atomonto mo	for each category of the Detailed Summary Page	(check only one) X 11a
or for co	rmation copied from such Reports and Sta mmercial purposes, other than using the n E OF COMMITTEE (In Full) ERICAN ASSOCIATION OF ORTHO	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee. MMITTEE
A. <u>Dr. S</u>	Name (Last, First, Middle Initial) cott B. Murray ng Address 5338 W Grove Ct			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 3564950
<u>Visa</u>	ılia	CA	93291-7913	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	С		250.00
	e of Employer Employed	Occupation Orthodor		
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) ambiz Moin			Date of Receipt
Maili	ng Address 133 Shepherd Rd			08 14 YYYY 2007
City		State	Zip Code	Transaction ID: 3564951
<u>Man</u>	chester	NH	03104-4759	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	С		250.00
Name Self-	e of Employer Employed	Occupation Orthodor		
Rece	eipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) aymond J. McMullen, Jr.			Date of Receipt
Maili	ng Address 2327 Nottingham Dr			08 14 2007
City		State	Zip Code	Transaction ID: 3564952
	erville	IL	60565-4393	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		250.00
Name Self-	e of Employer Employed	Occupation Orthodor		
Rece	eipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
SUBTO	DTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 262 (check only one) X
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personal sing the name and address of any political committee to	
AMERICAN ASSOCIATION OF	ORTHODONTISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Thomas M. Stark Mailing Address 2115 Hughes Av	ve	Date of Receipt
City Ames	State Zip Code IA 50014-7022	Transaction ID: 3564955 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John C. White		Date of Receipt
Mailing Address 3534 St Andrew	08 01 2007	
City	State Zip Code	Transaction ID: 3564956
Richfield	OH 44286-9066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Mary Buatti Romeo		Date of Receipt
Mailing Address 20 S Merrick Rd		08 / 20 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3564958
Massapequa F50 ID control of cont	NY 11758-6759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		750.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 177 / 262 (check only one)
ı	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma	ay not be sold or used by any per	son for the purpose of soliciting contributions
 	NAME OF COMMITTEE (In Full)	name and ad	duress of arry political committee	to solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORTH	ODONTIST	TS POLITICAL ACTION CC	MMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Diana Almy			Date of Receipt
	Mailing Address 15381 Pepmeier Hill Ro	b		08 20 2007
	City	State	Zip Code	Transaction ID: 3564959
	Woodford	VA	22580-3515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:	Aggregate	te Year-to-Date ▼	
	Primary General Other (specify)		250.00	
	Other (specify)		0 0 0 0 0 0 0	_
- В.	Full Name (Last, First, Middle Initial) Dr. Richard J. Wolterman			Date of Receipt
	Mailing Address 5110 Signal Hill			0 8 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 3564960
	Cincinnati	OH	45244-3823	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:		te Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Ross L. Crist			Date of Receipt
C.	Mailing Address 1204 N Pikes Peak Cir			0 8 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 3564961
	Sioux Falls	SD	57110-5714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For:		te Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
Γ				1500.00
	SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 262 (check only one) X 11a
Any information copied from such Regor for commercial purposes, other than NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION (con for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last, First, Middle Initia Dr. Joseph F. Coniglio Mailing Address 5414 Ocean I City Corpus Christi FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)			Date of Receipt M M M / D D / Y Y Y Y Y O 8 3 1 2 0 0 7 Transaction ID: 3564962 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial Dr. David L. Crouch Mailing Address 11007 39th S City Edgewood FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)			Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial Dr. Michael D. Riordan Mailing Address 7084 Montgot City Lake Wylie FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	,		Date of Receipt M M M
SUBTOTAL of Receipts This Page (pptional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 179 / 262 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RTHODONTIST	'S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Peter M. Skoler			Date of Receipt
Mailing Address 117 Old Farm Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564965
Milton FEC ID number of contributing federal political committee.	C	02186-3725	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James M. Crouse			Date of Receipt
Mailing Address 22786 Nanticoke Ro	d		08 31 YYYYY 2007
City Quantico	State MD	Zip Code 21856-2043	Transaction ID: 3564966
FEC ID number of contributing federal political committee.	C	21030-2043	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	- 	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Don M. Wilkins			Date of Receipt
Mailing Address 880 Indianola Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marritt Island	State FL	Zip Code	Transaction ID: 3564967
Merritt Island FEC ID number of contributing federal political committee.	C	32953-4290	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	Statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Barton Soper Mailing Address 2218 108th Ave SE City Bellevue FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code WA 98004-7345 C Occupation Orthodontist Aggregate Year-to-Date	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Joseph F. Coniglio Mailing Address 5414 Ocean Dr City	State Zip Code	Date of Receipt 0 9 0 7 2 0 0 7 Transaction ID: 3564969
Corpus Christi FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	TX 78412-2748 C Occupation Orthodontist Aggregate Year-to-Date ▼ 400.00	Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) Dr. Mark Revels Mailing Address 3009 SW 130th St City Oklahoma City FEC ID number of contributing federal political committee.	State Zip Code OK 73170-2069	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)		650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the Cricek Grilly Grief
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by name and address of any political co	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
AMERICAN ASSOCIATION OF ORTH	ODONTISTS POLITICAL ACTI	ON COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Michael Messana		Date of Receipt
Mailing Address 42 Locust Ln		08 22 2007
City	State Zip Code	Transaction ID: 3564974
East Rutherford	NJ 07073-1014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) Dr. Beth Lynn Faber		Date of Receipt
Mailing Address 2018 Retreat Dr		0 8 2 1 2 0 0 7
City	State Zip Code	Transaction ID: 3564975
Mechanicsville	VA 23111-6080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initial) Dr. James J. Bancroft		Date of Receipt
Mailing Address 71 Franklin Tpke #6		08 31 YYYY 2007
City	State Zip Code	Transaction ID: 3564976
Waldwick	NJ 07463-1800	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	50.00
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 / 262 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF		•	
Full Name (Last, First, Middle Initial) Dr. Robert D. Calcote			Date of Receipt
Mailing Address 1533 Fairway Dr			M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: 3564977
Charleston	SC	29412-2635	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Herbert M. Hughes			Date of Receipt
Mailing Address 1209 Burtonwood C	Ot		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564978
Alexandria	VA	22307-2017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Louis J. Hardy			Date of Receipt
Mailing Address 34 Silver Ridge			0 8 2 1 2 0 0 7
City	State	Zip Code	Transaction ID: 3564980
Veazie	ME	04401-7080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	M)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 262 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard J. Anthony Mailing Address 1180 Cheshire Circle	le		Date of Receipt 0 8 3 1 2 0 0 7
City Danville FEC ID number of contributing	State CA	Zip Code 94506-6238	Transaction ID: 3564981 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Orthodor		
Full Name (Last, First, Middle Initial) Dr. Leland A. Harris Mailing Address 3513 Greenwood P	l		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564982
Deer Park FEC ID number of contributing federal political committee.	C	77536-5772	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General	Occupation Orthodor Aggregate	ntist Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	250.00	
Dr. Mary Cay Koen Mailing Address 101 Hidden Way Ct	:		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3564983
Hendersonville FEC ID number of contributing federal political committee.	C	37075-5549	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to THODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. James Pelletier Mailing Address 4 Island Pond Rd City Dracut FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code MA 01826-1547 C Occupation Orthodontist	Date of Receipt M M C 2 1 2 0 0 7 Transaction ID: 3564984 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William M. Gordon Mailing Address 840 Tiogue Ave City Coventry	State Zip Code RI 02816-5914	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	Occupation Orthodontist Aggregate Year-to-Date	250.00
Other (specify) Full Name (Last, First, Middle Initial) Dr. John Robert Beattie	250.00	Date of Receipt
Mailing Address 8025 Lake Waunatt City Winter Park	State Zip Code FL 32792-8939	Transaction ID: 3564986 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed	Occupation Orthodontist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 262 (check only one) X 11a
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to THODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Brenda K. Stenftenagel Mailing Address 1804 Woodmere City Valparaiso FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code IN 46383-1645 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564987 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael J. Erhart Mailing Address 2523 Fairbanks Ct. City Naperville FEC ID number of contributing	State Zip Code IL 60540-1947	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. William Norman Prillaman, II Mailing Address 1353 Thompson Ln City Forest FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code VA 24551-4283 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3564991 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 262 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR			
Full Name (Last, First, Middle Initial) Dr. Ford S. Cooper			Date of Receipt
Mailing Address 8371 Providence Ro	d		M M / D D / Y Y Y Y Y O O O O O
City	State	Zip Code	Transaction ID: 3564992
Charlotte FEC ID number of contributing federal political committee.	NC C	28277-9753	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Virginia A. Mennemeyer			Date of Receipt
Mailing Address 145 Fairway Ln			0 8 2 1 2 0 0 7
City	State MO	Zip Code	Transaction ID: 3564993
Troy FEC ID number of contributing federal political committee.	C	63379-3912	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Deborah A. Sema			Date of Receipt
Mailing Address 1841 Windsor Blvd			0 8 2 4 2 0 0 7
City	State	Zip Code	Transaction ID: 3564994
Homewood FEC ID number of contributing federal political committee.	C	35209-5542	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 262 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION COM	MMITTEE
۸.	Pull Name (Last, First, Middle Initial) Dr. Deborah Bassham Mailing Address 20111 Galen Dr			Date of Receipt
		Chaha	7'a Cada	08 20 2007
	City Abingdon	State VA	Zip Code 24211-6951	Transaction ID: 3564996 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. John M. Pobanz Mailing Address 5619 Silver Leaf Circl			Date of Receipt
	Mailing Address S619 Sliver Leaf Circi	e 		08 24 2007
	City Mountain Green	State UT	Zip Code	Transaction ID: 3564997
	FEC ID number of contributing federal political committee.	C	84050-5601	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 ;.	Full Name (Last, First, Middle Initial) Dr. David Edward Dykhouse			Date of Receipt
	Mailing Address			08 31 YYYY 2007
	City	State	Zip Code	Transaction ID: 3564998
	Lee's Summit FEC ID number of contributing federal political committee.	C	64064	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven A. Steer Mailing Address 1020 E Lake Shore City Springfield FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Michael L. Gold Mailing Address 1743 E Handel St City Meridian FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code ID 83646-4707 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Juan F. Rendon Mailing Address 344 Park Valley Dr City Coppell FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75019-5374 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David K. Inouye Mailing Address 2776 Hydraulic R City	d #10 State Zip Code	Date of Receipt M
Charlottesville FEC ID number of contributing federal political committee.	VA 22901-8912	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard R. Zechini Mailing Address 1048 Chestnut Hi	II Rd	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3565004
Lynchburg	VA 24503-3900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joe M. Keller Mailing Address 116 Bunkers Cov	e Rd	Date of Receipt
City	State Zip Code	0 8 2 1 2 0 0 7 Transaction ID: 3565005
Panama City	FL 32401-3908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optic	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to THODONTISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Adrian J. Costanza Mailing Address 107 Atlantic Ave City Swampscott FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MA 01907-2407 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M / 20 / Y Y Y Y Y Transaction ID: 3565006 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Diane J. Milberg Mailing Address 8419 Cliffridge Ln City La Jolla FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code CA 92037-2119 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3565007 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Mark S. Geller Mailing Address #4 Manzano Cir City Dallas FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75230-3053 C Occupation Orthodontist Aggregate Year-to-Date 400.00	Date of Receipt M M M / 21 / 2007 Transaction ID: 3565008 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	•	750.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 262 (check only one) X 11a
or fo	r information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. Stephen E. Searcy			Date of Receipt
I	Mailing Address 114 Wembley Rd			0 8 2 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 3565009
Ī	Lafayette FEC ID number of contributing rederal political committee.	C	70503-3567	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodor		
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Bruce K.A. Dormanen			Date of Receipt
I	Mailing Address 2377 Cherrywood Rd			08 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Minnetonka	State MN	Zip Code 55305-2314	Transaction ID: 3565010 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
!	Name of Employer Self-Employed	Occupation Orthodor		
I	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Mario Polo			Date of Receipt
Ī	Mailing Address B10 Neptuno Paseo de la Fuente			0 8 2 4 2 0 0 7
	City San Juan	State PR	Zip Code 00926-6476	Transaction ID: 3565011 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SU	BTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	THODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Michael L. Conlon Mailing Address 29920 Tanya Trail		Date of Receipt
City	State Zip Code	0 8 2 1 2 0 0 7 Transaction ID: 3565012
Libertyville	IL 60048-1688	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gary O. Inman		Date of Receipt
Mailing Address 338 Briarwood Cir		08 / 24 / 2007
City	State Zip Code	Transaction ID: 3565013
<u>Elizabethtown</u>	KY 42701-6914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Edward J. Wnek		Date of Receipt
Mailing Address 6345 Grand Vista Av	/e	08 31 7 2007
City	State Zip Code	Transaction ID: 3565015
Cincinnati	OH 45213-1115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 193 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to THODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. M. John Pautienis	THODON HOTO FOLLHOAL ACTION CON	Date of Receipt
Mailing Address 155 Woodside Dr	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City West Barnstable	MA 02668-1719	Transaction ID: 3565016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Maston R. McCorkle, Jr. Mailing Address 3215 Allendale St S	W	Date of Receipt
		08 24 2007
City	State Zip Code	Transaction ID: 3565018
Roanoke FEC ID number of contributing federal political committee.	VA 24014-3120	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Sally A. Gupton		Date of Receipt
Mailing Address 970 Gladastry Ln		08 20 2007
City	State Zip Code	Transaction ID: 3565019
Lower Gwynedd	PA 19002-2527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line numb	per only)	

A. Full Dr. Mai City Fol fede	ME OF COMMITTEE (In Full) IERICAN ASSOCIATION OF ORTH Name (Last, First, Middle Initial) Ronald A. Cohen ing Address 526 Twin Eagles Lvd	State IN C Occupation Orthodon	Zip Code 46748	on for the purpose of soliciting contributions of solicit contributions from such committee. MMITTEE Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Dr. Mai City For Feder Self	Name (Last, First, Middle Initial) Ronald A. Cohen ling Address 526 Twin Eagles Lvd The Wayne Colon In Indian Ind	State IN C Occupation Orthodon	Zip Code 46748 tist Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 2 4 2 0 0 7 Transaction ID: 3565020 Amount of Each Receipt this Period
Mai City Fol Face Narr Self	Ronald A. Cohen ling Address 526 Twin Eagles Lvd It Wayne C ID number of contributing eral political committee. The of Employer - Employer - Employed The primary General Other (specify)	C Occupation Orthodon	tist Year-to-Date ▼	Transaction ID: 3565020 Amount of Each Receipt this Period
City For	t Wayne C ID number of contributing eral political committee. ne of Employer -Employed eipt For: Primary General Other (specify)	C Occupation Orthodon	tist Year-to-Date ▼	Transaction ID: 3565020 Amount of Each Receipt this Period
For FEC fede	t Wayne C ID number of contributing eral political committee. The of Employer Femployed reipt For: Primary General Other (specify)	C Occupation Orthodon	tist Year-to-Date ▼	Amount of Each Receipt this Period
FEC fede Nan Seli	C ID number of contributing eral political committee. The of Employer remployed reipt For: Primary General Other (specify)	Occupation Orthodon	tist Year-to-Date ▼	
	eipt For: Primary General Other (specify)	Orthodon	tist Year-to-Date ▼	
Red	Primary General Other (specify) ▼	Aggregate		7
	Name (Leat First Middle Initial)		250.00	
	Lisa M. Angelici			Date of Receipt
	ing Address 8575 Wade River Cir			08 24 2007
City		State	Zip Code	Transaction ID: 3565022
<u>Fo</u>	untain Valley	CA	92708-6238	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		250.00
Nar Selt	ne of Employer -Employed	Occupation Orthodon		
Rec	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) Drew R. Lombardi			Date of Receipt
Mai	ing Address 33 Stewart St			08 31 2007
City		State	Zip Code	Transaction ID: 3565023
· · · · · · · · · · · · · · · · · · ·	marest	NJ	07627-2002	Amount of Each Receipt this Period
fede	CID number of contributing eral political committee.	C		250.00
	ne of Employer -Employed	Occupation Orthodon	tist	
Rec	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBT	OTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 195 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	Statements may not be sold or used by any persue name and address of any political committee to HODONTISTS POLITICAL ACTION CO	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Scott D. Copeland Mailing Address 132 E Broadway City Derry FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NH 03038-1822 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Tarek O. Zaki Mailing Address 1404 N Woodhouse F City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code VA 23454-1632 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 3565025 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. David A. Zysik Mailing Address 13964 State Hwy 37 City Massena FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NY 13662-3168 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3565026 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persible name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Daniel Marulli Mailing Address 44 New Amwell Rd		Date of Receipt 0 8 2 1 2 0 0 7
City <u>Hillsborough</u>	State Zip Code NJ 08844-5018	Transaction ID: 3565027 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Louis G. Chmura Mailing Address 604 Laura Ln		Date of Receipt 0 8 2 4 2 0 0 7
City	State Zip Code	Transaction ID: 3565028
<u>Marshall</u>	MI 49068-9668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Susan Gail Tierney Mailing Address 154 Nassau Blvd		Date of Receipt 0 8 3 1 2 0 0 7
City	State Zip Code	Transaction ID: 3565029
Garden City	NY 11530-1221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Patrick F. Foley Mailing Address 50 Lynn Dr City	State Zip Code	Date of Receipt M M M
Hawthorn Woods FEC ID number of contributing federal political committee.	IL 60047-9156	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. D. Douglas Depew Mailing Address 5331 Saville Dr City	State Zip Code	Date of Receipt M M
Acworth FEC ID number of contributing federal political committee.	GA 30101-6903	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Milton L. Matos Mailing Address F-19 Cleveland St	Parkville	Date of Receipt
City Guaynabo FEC ID number of contributing federal political committee.	State Zip Code PR 00969-4418 C	0 8 2 4 2 0 0 7 Transaction ID: 3565033 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00

SCHEDULE A (FEC Form 3X)

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198 / 262 (check only one) X
NAME OF	n copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) AN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Dr. Douglas Mailing Add City	dress 581 Contra Costa Way	State	Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
	nt mber of contributing tical committee.	CA	91711-2205	Amount of Each Receipt this Period 250.00
Name of Er Self-Emplo Receipt Fo Prima Other	r:	Occupatio Orthodor Aggregate		
Full Name Dr. Michael Mailing Add				Date of Receipt 0 8 2 1 2 0 0 7
	mber of contributing tical committee.	State CA	Zip Code 94558-1417	Transaction ID: 3565035 Amount of Each Receipt this Period 250.00
Name of Er Self-Emplo Receipt Fo	r:	Occupatio Orthodor Aggregate	ntist Year-to-Date ▼	
Full Name	r (specify) (Last, First, Middle Initial) Ogata Marcel	0 0	250.00	Date of Receipt
Mailing Add	dress 1936 Chalon Glen Ct	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>Livermore</u> FEC ID nu	e mber of contributing tical committee.	CA	94550-8206	Amount of Each Receipt this Period 250.00
Name of Er Self-Emplo	mployer nyed	Occupatio Orthodor		
Receipt For Prima		Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL	of Receipts This Page (optional)		·······	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to THODONTISTS POLITICAL ACTION COI	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Brett C. Fidler Mailing Address 3417 122nd PI NE City Bellevue FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code WA 98005-1237 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3565037 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Patricia A. Simon Mailing Address 2220 Canton St #303 City Dallas FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75201-5927 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3565038 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Robert A. Vaught Mailing Address 306C McAlpin St City Savannah FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code GA 31406-8950 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 3565039 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	······································	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. James K. Poulsen Mailing Address 2302 W Bolton St		Date of Receipt
		08 20 2007
City <u>Eag</u> le	State Zip Code ID 83616-6796	Transaction ID: 3565040 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Tammy L. Meister		Date of Receipt
Mailing Address 1605 Summit Ave		0 8 D D D Z 1 2 0 0 7
City	State Zip Code	Transaction ID: 3565041
Saint Paul FEC ID number of contributing federal political committee.	MN 55105-1829	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Sherri M. Weissman		Date of Receipt
Mailing Address 4900 Brandywood	Dr	0 8 2 1 2 0 0 7
City	State Zip Code	Transaction ID: 3565042
Birmingham	AL 35223-1646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to ORTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Brett A. Johnson Mailing Address 2005 Most Bath	n als au	Date of Receipt
Mailing Address 3225 West Rath		08 22 2007
City	State Zip Code TX 76310-7949	Transaction ID: 3565043
Wichita Falls FEC ID number of contributing federal political committee.	TX 76310-7949	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bruce P. McCoy		Date of Receipt
Mailing Address 80 Waterford PI		08 / 20 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 3565046
Newnan FEC ID number of contributing federal political committee.	GA 30265-2787	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Christopher J. Getchell		Date of Receipt
Mailing Address 470 Thornwyck 1	Γrail	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Roswell	State Zip Code GA 30076-3927	Transaction ID: 3565047 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti-	onal)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each cate	e schedule(s) egory of the mmary Page	FOR LINE NUMBER: PAGE 202 / 262 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)			n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN ASSOCIATION OF OR	THODONTISTS POLITICAL	_ ACTION COM	IMILIEE
Full Name (Last, First, Middle Initial) Dr. Brian Chamberlain			Date of Receipt
Mailing Address 3200 Soaring Gulls			08 21 2007
City Las Vegas	State Zip Code NV 89129-219	98	Transaction ID: 3565048 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Initial) Dr. Cecile Yoon-Tarlie			Date of Receipt
Mailing Address 2516 Violet St			08 21 2007
City	State Zip Code		Transaction ID: 3565049
Glenview	IL 60026-803	33	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:	Aggregate Year-to-Date	▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Felix A. Gen			Date of Receipt
Mailing Address 6209 N Huntington	Or		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: 3565051
Solon	OH 44139-308	81	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 203 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Timothy M. Shannon		Date of Receipt
Mailing Address 4704 Augusta Dr		08 22 2007
City	State Zip Code	Transaction ID: 3565052
Norman FEC ID number of contributing federal political committee.	OK 73072-8552	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey B. Leiss		Date of Receipt
Mailing Address 3372 Conestoga F	Rd	0 8 2 4 2 0 0 7
City	State Zip Code	Transaction ID: 3565053
Glenmoore	PA 19343-2632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Meredith Lynn Quimby		Date of Receipt
Mailing Address 9000 Masters Ct		08 31 2007
City	State Zip Code	Transaction ID: 3565054
Waxhaw	NC 28173-6768	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 204 / 262 (check only one) X 11a
or for commerc	n copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) AN ASSOCIATION OF ORTH	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Thomas	(Last, First, Middle Initial) E. Merrill dress 1513 Hannah Way			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 3565055
East Wen	natchee	WA	98802-8317	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		250.00
Name of Er Self-Emplo		Occupation Orthodor		
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 250.00]
	(Last, First, Middle Initial) Vayne Sletten			Date of Receipt
	dress 3344 Barons Way		7: 0 !	08 24 2007
City Stillwater		State MN	Zip Code 55082-4799	Transaction ID: 3565056 Amount of Each Receipt this Period
FEC ID nur	mber of contributing tical committee.	C	33002 47 33	250.00
Name of Er Self-Emplo	mployer yed	Occupation Orthodor		
Receipt For Prima		Aggregate	e Year-to-Date ▼ 250.00]
Full Name ((Last, First, Middle Initial) arton Miller			Date of Receipt
Mailing Add	dress 664 Anna Cade Rd			08 21 YYYY 2007
City		State	Zip Code	Transaction ID: 3565057
Rockwall		TX	75087-7485	Amount of Each Receipt this Period
	mber of contributing tical committee.	С		250.00
Name of Er Self-Emplo	yèd *	Occupation Orthodor	ntist	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL (of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 205 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bradley J. Jacobs Mailing Address 820 N Eagle Hills	Way	Date of Receipt
City Eagle	State Zip Code ID 83616-5212	Transaction ID: 3565058 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Kelly		Date of Receipt
Mailing Address 566 Lake Ridge D City	State Zip Code	0 8 3 1 2 0 0 7 Transaction ID: 3565059
South Elgin FEC ID number of contributing federal political committee.	IL 60177-3254	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Scott O. Schulz	I	Date of Receipt
Mailing Address 622 W 8th St		08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Traverse City	State Zip Code MI 49684-3109	Transaction ID: 3565060 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persign the name and address of any political committee to PRTHODONTISTS POLITICAL ACTION CO	
Full Name (Last, First, Middle Initial) Dr. Anthony V. Maresca Mailing Address 5 Lantern Ct City	State Zip Code	Date of Receipt 0 8 2 4 2 0 0 7
Stony Brook FEC ID number of contributing federal political committee.	NY 11790-1715	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David Sherwood Mailing Address 808 Milmada Dr		Date of Receipt 0 8 2 4 2 0 0 7
City	Transaction ID: 3565063	
La Canada	CA 91011-2519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Clifford L. Condit, Jr. Mailing Address 7726 Braesview L		Date of Receipt
		08 21 2007
City Houston	State Zip Code TX 77071-1410	Transaction ID: 3565064 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 / 262 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) Dr. Theodore W. Graff Mailing Address 821 Overbrook Dr City	State	Zip Code	Date of Receipt M
	Vestal	NY	13850-2947	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. James C. Lyles Mailing Address 133 April Point Dr S			Date of Receipt
		08 21 2007		
	City Montgomery	State TX	Zip Code 77356-5853	Transaction ID: 3565067
	FEC ID number of contributing federal political committee.	C	77300-3633	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Raymond George, Sr.			Date of Receipt
	Mailing Address 27 Du Carl Dr			08 31 2007
	City	State	Zip Code	Transaction ID: 3565069
	Lincoln	RI	02865-1320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
[SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 208 / 262 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
AMERICAN ACCOUNTION OF CITTI	ODONTIO	OT CEITICAL ACTION CON	
Full Name (Last, First, Middle Initial) Dr. Robert S. Portenga			Date of Receipt
Mailing Address 6387 Peninsula Dr			08 21 2007
City	State	Zip Code	Transaction ID: 3565071
Traverse City	MI	49686-1917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ronald G. Heiber			Date of Receipt
Mailing Address 1362 Hemlock Ct NE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3565072
Lancaster	OH	43130-1177	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Wade L. Murphy			Date of Receipt
Mailing Address 4493 Hwy 201 S			08 21 7 2007
City	State	Zip Code	Transaction ID: 3565074
Mountain Home	AR	72653-5544	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		_	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 209 / 262 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	e name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Whybra J. Duay, Jr. Mailing Address 1209 S Prescott Dr			Date of Receipt
City Morgan City FEC ID number of contributing	State LA	Zip Code 70380-1247	Transaction ID: 3565075 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupatio Orthodor		
Full Name (Last, First, Middle Initial) Dr. John C. Matunas Mailing Address 4110 Hillcrest Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Boise	State ID	Zip Code 83705-4551	Transaction ID: 3565077 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupatio Orthodor		250.00
Full Name (Last, First, Middle Initial) Dr. Nicholas D. Barone Mailing Address 19 Fair Oaks Dr			Date of Receipt 0 8 2 1 2 0 0 7
City Lincoln FEC ID number of contributing federal political committee.	State RI	Zip Code 02865-4523	Transaction ID: 3565078 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General	Occupatio Orthodor Aggregate	ntist Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		500.00	750.00

П	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Thy information copied from such Benorts and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 / 262 (check only one) X
Oi	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
∠_ A .	Full Name (Last, First, Middle Initial) Dr. Michael B. Stewart Mailing Address 30 Old Vermont Pl			Date of Receipt
			7.0.1	08 22 2007
	City Atlanta	State GA	Zip Code 30328-4760	Transaction ID: 3565079
	FEC ID number of contributing federal political committee.	C	30320-4700	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodor		7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— 3.	Full Name (Last, First, Middle Initial) Dr. Craig A. Sinclair	<u> </u>		Date of Receipt
	Mailing Address 12000 Hickory Grove	Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3565080
	Dunlap	<u>IL</u>	61525-9257	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
 :.	Full Name (Last, First, Middle Initial) Dr. Robert E. Eng	1		Date of Receipt
	Mailing Address 7 High Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3565081
	Inver Grove Height	MN	55077-1824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u>ر</u>	SUBTOTAL of Receipts This Page (optional)	1		1500.00

SCHEDULE A (FEC I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 / 262 (check only one) X 11a 11b 11c 12
Any information copied from suc or for commercial purposes, othe	h Reports and Statements ma er than using the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In AMERICAN ASSOCIATION)	•	TS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Dr. Morris N. Poole	e Initial)		Date of Receipt
Mailing Address 55 Bristo	ol Rd		0 8 2 1 2 0 0 7
City	State	Zip Code	Transaction ID: 3565082
Logan	UT	84341-2194	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Dr. Frank R. Miller	e Initial)		Date of Receipt
Mailing Address 619 Suns	set Hill		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3565083
Rockwall	TX	75087-3220	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For: Primary Gene		e Year-to-Date ▼	
Primary Gene Other (specify) ▼	eral .	250.00	
Full Name (Last, First, Middle Dr. Craig L. Coombs	e Initial)		Date of Receipt
Mailing Address 2095 E 2	200 S		08 21 2007
City	State	Zip Code	Transaction ID: 3565084
Layton	UT	84040-3133	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This P	Page (optional)		750.00

ľ	TEMIZED RECEIPTS Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 212 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
A .	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH Full Name (Last, First, Middle Initial) Dr. Kevin M. Walsh Mailing Address 2 Terryhill Ln			
	City Saint Louis FEC ID number of contributing federal political committee.	State MO	Zip Code 63131-2422	Transaction ID: 3565085 Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio Orthodor Aggregate		
В.	Full Name (Last, First, Middle Initial) Dr. Jorge C. Coro Mailing Address 5655 Granada Blvd City Coral Gables FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State FL C Occupatio Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3565086 Amount of Each Receipt this Period 250.00
_ С.	Full Name (Last, First, Middle Initial) Dr. Clark B. Rampton Mailing Address 701 East 1000 South City Kaysville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State UT C Occupatio Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3565087 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)			750.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule s	FOR LINE NUMBER: PAGE 213 / 262 (check only one) X
A.	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH Full Name (Last, First, Middle Initial) Dr. Michael S. Hipp			
	Mailing Address 4728 Brookview Dr City West Des Moines FEC ID number of contributing	State IA	Zip Code 50265-2996	Transaction ID: 3565088 Amount of Each Receipt this Period
	federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupatio Orthodor Aggregate		1000.00
_ В.	Full Name (Last, First, Middle Initial) Dr. John C. Ford Mailing Address 221 Winnetka Ave City Winnetka FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State IL C Occupatio Orthodor	ntist	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 1 2 0 0 7 Transaction ID: 3565089 Amount of Each Receipt this Period 500.00
_ C.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Richard L. Fogel Mailing Address 718 Washington Ave	Aggregate	e Year-to-Date ▼ 500.00	Date of Receipt
	City Elyria FEC ID number of contributing federal political committee. Name of Employer	State OH C	Zip Code 44035-3605	Transaction ID: 3565090 Amount of Each Receipt this Period 250.00
Γ	Self-Employed Receipt For: Primary General Other (specify) ▼	Orthodor Aggregate	ntist e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		······	1750.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	the crieck only one)
An or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions amittee to solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORTH	ODONTISTS POLITICAL ACTIO	ON COMMITTEE
	Full Name (Last, First, Middle Initial) Dr. Dean P. Leonard Mailing Address 1612 Bay Oaks Dr		Date of Receipt
	City	State Zip Code	0 8 2 4 2 0 0 7 Transaction ID: 3565091
	Albert Lea	MN 56007-4203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
_	Full Name (Last, First, Middle Initial) Dr. Timothy J. Sheehan		Date of Receipt
	Mailing Address 604 N 65th Street	08 / 21 / Y Y Y Y Y	
	City	State Zip Code	Transaction ID: 3565092
	<u>Omaha</u>	NE 68132-1804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
	Full Name (Last, First, Middle Initial) Dr. Harold J. Kaplan		Date of Receipt
	Mailing Address 44 Pickman Rd		08 21 2007
	City	State Zip Code	Transaction ID: 3565093
	Beverly	MA 01915-4730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250	0.00
	UBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	m 3X) Use separate for each categorial Detailed Sumi	ory of the
NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or us in using the name and address of any politic OF ORTHODONTISTS POLITICAL	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee. ACTION COMMITTEE
Full Name (Last, First, Middle Init Dr. David G. Haas Mailing Address 1732 Grange City Medina FEC ID number of contributing	r Rd State Zip Code OH 44256-8687	
federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle Init Dr. Michael Klepacki Mailing Address 627 W Maple City	State Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Hinsdale FEC ID number of contributing federal political committee. Name of Employer Self-Employed	C Occupation Orthodontist	Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Init Dr. Frank R. Besson Mailing Address 185 Scott Dr		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Watchung FEC ID number of contributing federal political committee.	State Zip Code NJ 07069-6301	Transaction ID: 3565096 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page	optional)	1000.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Stor for commercial purposes, other than using the	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 216 / 262 (check only one) X
A .	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO Full Name (Last, First, Middle Initial) Dr. Randy Wright Mailing Address 1460 Keim Cir City Geneva		· · · · · · · · · · · · · · · · · · ·	Date of Receipt 0 8 2 1 2 0 0 7 Transaction ID: 3565097
_	FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupatio Orthodor	n	Amount of Each Receipt this Period 250.00
В.	Full Name (Last, First, Middle Initial) Dr. Michael L. Reznik Mailing Address 1423 Sweetbriar Cir City Odessa FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State TX C Occupation Orthodor Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 3565098 Amount of Each Receipt this Period 250.00
С.	Full Name (Last, First, Middle Initial) Dr. Brian B. Jacobus Mailing Address 7880 Saddlebrook Dr City Port Saint Lucie FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State FL C Occupatio Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3565099 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	tatements may not be sold or used by any personame and address of any political committee to IODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Michael L. Jacobsen Mailing Address 13847 Pamlico Rd City Apple Valley FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code CA 92307-5401 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3565100 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Dennis K. Langwith Mailing Address 4555 41st St City Des Moines FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IA 50310-6302 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3565101 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. James E. Lupi Mailing Address 42 Hermitage Dr City Stafford FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code VA 22556-1052 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 218 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH		
Full Name (Last, First, Middle Initial) Dr. Kimberly Lutz Gragg Mailing Address 1799 Waterford Way City Morganton FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NC 28655-8294 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3565103 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. James B. Macomson Mailing Address 2605 Armstrong Cir City Gastonia FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NC 28054-7262 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 0 7 Transaction ID: 3565104 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. David J. Huyser Mailing Address 133 E Central Ave City Zeeland FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MI 49464-1717 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Transaction ID: 3565105 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 / 262 (check only one) X
or for commercial purposes, ot NAME OF COMMITTEE (II	her than using the name and n Full)	d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN ASSOCIA	TION OF ORTHODONI	ISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Mido Dr. J. Mark Felton	lle Initial)		Date of Receipt
	Linn Ave	7 Code	08 22 2007
City Oklahoma City	State OK	e Zip Code 73112-8028	Transaction ID: 3565108
FEC ID number of contributed federal political committee.		73112-0020	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occup	pation pdontist	
Receipt For: Primary Ger Other (specify) ▼		egate Year-to-Date ▼ 250.00	
Full Name (Last, First, Mido Dr. William Nettles Green	lle Initial)		Date of Receipt
Mailing Address 3741 La	andmark Dr		08 22 2007
City	State	e Zip Code	Transaction ID: 3565110
Columbia	SC	29204-4059	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	C		250.00
Name of Employer Self-Employed	Occup Ortho	oation odontist	
Receipt For: Primary Ger Other (specify) ▼	Aggre	gate Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd Dr. Kenneth F. Levene	lle Initial)		Date of Receipt
Mailing Address 15 Upla	and Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	•	Transaction ID: 3565111
Armonk	NY	10504-2244	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ing		250.00
Name of Employer Self-Employed		odontist	
Receipt For: Primary Ger Other (specify) ▼	Aggre	egate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Dage (entionel)		750.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 262 (check only one) X
NAME OF COM	MITTEE (In Full)		y not be sold or used by any personders of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Dr. Imad Shamm	of contributing committee.	State WV C Occupation Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3565113 Amount of Each Receipt this Period 250.00
	, First, Middle Initial) 1 Seafarer's Cr of contributing	State GA	Zip Code 31411	Date of Receipt M M M
Name of Emplo Self-Employed Receipt For: Primary Other (sp	General	Occupation Orthodor Aggregate		
Dr. Thomas R. B	of contributing	State GA	Zip Code 31406-6401	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Emplo Self-Employed Receipt For: Primary Other (sp	General	Occupation Orthodor Aggregate		
SUBTOTAL of Re	eceipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James L. Vaden		Date of Receipt
Mailing Address 353 Buck Lake Ro	d	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3565116
Cookeville	TN 38506-6302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Floyd McGowan Collie		Date of Receipt
Mailing Address 1712 Craig St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3565117
Raleigh	NC 27608-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Idalia Lastra	L	Date of Receipt
Mailing Address 2001 SW 4th Ave)	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Miami	State Zip Code FL 33129-1302	Transaction ID: 3565118 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (ontion	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 222 / 262 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	e name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Harry I. Bussa, Jr. Mailing Address 726 Langwood			Date of Receipt
City Houston FEC ID number of contributing	State TX	Zip Code 77079-4405	Transaction ID: 3565119 Amount of Each Receipt this Period
Receipt For: Primary General	Occupatio Orthodor Aggregate		250.00
Other (specify) Full Name (Last, First, Middle Initial) Dr. Steven M. Cohen Mailing Address 1118 Rainbow Circle	0 0	250.00	Date of Receipt
City Pittsgrove FEC ID number of contributing federal political committee.	State NJ	Zip Code 08318-9175	Transaction ID: 3565120 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupatio Orthodor Aggregate]
Full Name (Last, First, Middle Initial) Dr. Edward Y. Lin Mailing Address 555 Main Ave #205			Date of Receipt 0 8 2 4 2 0 0 7
City De Pere FEC ID number of contributing federal political committee.	State WI	Zip Code 54115-2234	Transaction ID: 3565121 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupatio Orthodor Aggregate		1
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 223 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to HODONTISTS POLITICAL ACTION COI	
Full Name (Last, First, Middle Initial) Dr. Greg Woodfin Mailing Address 225 Chipley Ave City Pensacola FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code FL 32503-6422 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. John M. Damas Mailing Address 4 Sorrel Lane City Lemont FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code IL 60439-9735 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M M 24 2007 Transaction ID: 3565123 Amount of Each Receipt this Period 250.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. James A. Leithead, Jr. Mailing Address 3214 Portrush Dr City Lake Charles FEC ID number of contributing federal political committee. Name of Employer	250.00 State Zip Code LA 70605-5974 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Self-Employed Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Orthodontist Aggregate Year-to-Date ▼ 350.00	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 224 / 262 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and addre	ss of any political committee to	o solicit contributions from such committee.
∠ .	Full Name (Last, First, Middle Initial) Dr. Albert A. Pilvelis, Jr. Mailing Address 75 Oakland Dr City Oakdale FEC ID number of contributing federal political committee.	State CT	Zip Code 06370-1025	Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontis Aggregate Ye	ear-to-Date ▼ 250.00]
3.	Full Name (Last, First, Middle Initial) Dr. Scott E. Prose Mailing Address 3001 Fox Glen Court			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	St Charles FEC ID number of contributing federal political committee. Name of Employer	State IL C Occupation	Zip Code 60174-8809	Transaction ID: 3565126 Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Orthodontis Aggregate Ye	-	
	Full Name (Last, First, Middle Initial) Dr. Gregory K. Inman Mailing Address 1003 Deerbourne			Date of Receipt 0 8 2 4 2 0 0 7
	City Elizabethtown FEC ID number of contributing	State KY	Zip Code 42701-2187	Transaction ID: 3565127 Amount of Each Receipt this Period 250.00
	Rame of Employer Self-Employed	Occupation Orthodontis	st	
	Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 250.00	
s	SUBTOTAL of Receipts This Page (optional)			750.00

ITEM Any inf	EDULE A (FEC Form 3X) IIZED RECEIPTS ormation copied from such Reports and State ommercial purposes, other than using the new such Reports and State ommercial purposes, other than using the new such Reports and State of the such Reports and Sta	atements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person of any political committee to	FOR LINE NUMBER: PAGE 225 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
NAN	ME OF COMMITTEE (In Full) IERICAN ASSOCIATION OF ORTHO			
A. Dr.	Name (Last, First, Middle Initial) Thomas M. Baldwin ling Address 620 Winning Colors Blve	d		Date of Receipt
City	,	State	Zip Code	0 8 2 4 2 0 0 7 Transaction ID: 3565128
-	zabethtown	KY	42701-8183	Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	С		250.00
Nan Self	ne of Employer i-Employed	Occupatio Orthodor		
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) William M. Kelly			Date of Receipt
	ling Address 4N224 Ferson Ck Rd			08 / 24 / 2007
City		State	Zip Code	Transaction ID: 3565129
FEC	Charles CID number of contributing eral political committee.	C	60174	Amount of Each Receipt this Period 250.00
Nan Self	ne of Employer f-Employed	Occupatio Orthodor		
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) Steven A. Dugoni			Date of Receipt
Mail	ling Address 620 El Cerrito Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Hill</u>	sborough	State CA	Zip Code 94010-6823	Transaction ID: 3565132 Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С		100.00
Nan Self	ne of Employer f-Employed	Occupatio Orthodor		
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
SUBT	OTAL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 226 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Zachary Truman Mailing Address 880 Seven Hills Dr.		Date of Receipt 0 8 3 0 2 0 0 7
City Henderson	State Zip Code NV 89052-4380	Transaction ID: 3565136 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Paul E. Shok Mailing Address Rd #5 Nancy Drive	9	Date of Receipt 0 8 3 0 2 0 0 7
City	State Zip Code	Transaction ID: 3565137
<u>Meadville</u>	PA 16335-9805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Daniel M. DeAngelo Mailing Address 3895 Fairway Dr		Date of Receipt 0 8 3 0 2 0 0 7
City	State Zip Code	Transaction ID: 3565138
Canfield FEC ID number of contributing federal political committee.	OH 44406-9054	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each categ Detailed Sumn	ory of the	FOR LINE NUMBER: PAGE 227 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Oliver Lee Willham Mailing Address 233 S 26th			Date of Receipt
	Chata Zin Cada		08 31 2007
City West Des Moines	State Zip Code IA 50265-7970		Transaction ID: 3565139 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Michael J. Foy			Date of Receipt
Mailing Address 7819 Antigua Pt			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: 3789629
Colorado Springs	CO 80920-4300		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Charles A. Gilmore			Date of Receipt
Mailing Address 4623 Scenic Dr			09 25 7 2007
City	State Zip Code		Transaction ID: 3789630
Yakima	WA 98908-2220		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by an using the name and address of any political commerce. FORTHODONTISTS POLITICAL ACTION	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Barbara Martin Tatum Mailing Address 1446 High Hay City Columbia FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	Dr State Zip Code MD 21044 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 25 2007 Transaction ID: 3789631 Amount of Each Receipt this Period 250.00
Other (specify) Full Name (Last, First, Middle Initial) Dr. Randall Clark Shults Mailing Address 1200 Corp Ctr	250.1 Way #100	Date of Receipt
City Wellington FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code FL 33414-2108 C Occupation Orthodontist Aggregate Year-to-Date ▼	Transaction ID: 3789632 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Singer Mailing Address 1 Woodward C City	State Zip Code	Date of Receipt M
Reisterstown FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	MD 21136-1835 C Occupation Orthodontist Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (or	250.0 stional)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 229 / 262 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION CON	MMITTEE
Full Name (Last, First, Middle Initial) Dr. William A. Schackel			Date of Receipt
Mailing Address 33 Bluestem Dr			09 25 Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3789634
Santa Fe	NM	87506-9509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. C. William Groesch			Date of Receipt
Mailing Address 6 Island Bay			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3789635
Springfield	IL	62712-9528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Josephine C. Weeden	1		Date of Receipt
Mailing Address 3446 Brassow Rd			M M / D D / Y Y Y Y Y O T O T O T O T O T O T O T O
City	State	Zip Code	Transaction ID: 3789636
Saline	MI	48176-9054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		_	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
AMERICAN ASSOCIATION OF ORTH	HODONTISTS POLITICAL ACTION CC	OMMITTEE
Full Name (Last, First, Middle Initial) Dr. William R. Parks		Date of Receipt
Mailing Address 25 Museum Dr		09 25 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3789637
Newport News	VA 23601-3620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Budd Rubin	1	Date of Receipt
Mailing Address 1145 Pacific Beach Dr	#408	09 25 2007
City	State Zip Code	Transaction ID: 3789638
San Diego	CA 92109-5159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joe Michael Richards	L	Date of Receipt
Mailing Address 1611 Lake Wilderness	Ln	09 25 YYYYY 25 2007
City	State Zip Code	Transaction ID: 3789639
Kingwood	TX 77345-1880	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	I	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 231 / 262 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN ASSOCIATION OF ORTH	ODONTISTS POLITI	CAL ACTION CON	MITTEE
Full Name (Last, First, Middle Initial) Dr. Lester H. Kuperman			Date of Receipt
Mailing Address 3809 Candlelite Ct			09 25 2007
City	State Zip Co	ode	Transaction ID: 3789640
Fort Worth	TX 76109	9-3224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William B. Kuen			Date of Receipt
Mailing Address 7 Diann D			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Co	ode	Transaction ID: 3789641
Montville	NJ 0704	5	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael D. Lashgari			Date of Receipt
Mailing Address 8 Crown Pt			09 25 7 2007
City	State Zip Co	ode	Transaction ID: 3789642
Canton	CT 06019	9-2644	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 232 / 262 (check only one) X 11a
or for commercial pu	rposes, other than using the r AITTEE (In Full)	name and add	y not be sold or used by any pers dress of any political committee to S POLITICAL ACTION COI	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last, Dr. Robert Baarsvi Mailing Address	First, Middle Initial) k 1403 Tucker Rd			Date of Receipt 0 9 2 5 2 0 0 7
City North Dartmou	ıth	State MA	Zip Code 02747-3152	Transaction ID: 3789643 Amount of Each Receipt this Period
FEC ID number of federal political co	of contributing	C		250.00
Name of Employed Self-Employed Receipt For:	er	Occupation Orthodor		
Primary Other (spec	General Gify) ▼	7 iggrogato	250.00	
Dr. Swapan Samu	First, Middle Initial) el Ghosh 3002 Ridgeview Dr			Date of Receipt 0 9 1 2 2 0 0 7
City		State	Zip Code	0 9 1 2 2 0 0 7 Transaction ID: 3789670
<u>Orwigsburg</u>		PA	17961-2338	Amount of Each Receipt this Period
FEC ID number of federal political co		C		250.00
Name of Employed Self-Employed	er	Occupation		
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, Dr. Jim L. Caskey	First, Middle Initial)			Date of Receipt
Mailing Address	1212 Western Hills Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 3789671
Sherman FEC ID number of federal political co		C	75092-5228	Amount of Each Receipt this Period 250.00
Name of Employed	er	Occupation		
Receipt For: Primary Other (spec	General		e Year-to-Date ▼ 250.00	
SUBTOTAL of Rec				750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 233 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Statements may not be sold or used by any perso e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Monisha Gupta Iyer		Date of Receipt
Mailing Address 70 Carter Rd City	State Zip Code	0 9 1 9 2 0 0 7 Transaction ID: 3789681
Princeton	NJ 08540-2110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bonnie Daniels Wheatley		Date of Receipt
Mailing Address 608 Gilbert Ct		09 / 25 / Y Y Y Y
City	State Zip Code	Transaction ID: 3789686
Winchester	KY 40391-8752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Chester E. Spencer, Jr.		Date of Receipt
Mailing Address 3742 Greenhollow		09 / 25 / 2007
City	State Zip Code	Transaction ID: 3789687
Grand Prairie	TX 75052-6717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numbe	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 234 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
/ AMERICAN ASSOCIATION OF ORTE	IODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Robert James Bray		Date of Receipt
Mailing Address 255 36th St S		09 25 2007
City	State Zip Code	Transaction ID: 3789688
Brigantine	NJ 08203-1507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Edna C. Galarza	<u> </u>	Date of Receipt
Mailing Address URB Paseo Los Roble Calle Bartolo Rivera #		0 9 25 2007
City	State Zip Code	Transaction ID: 3789690
<u>Mayaguez</u>	PR 00682-7757	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Donald J. Neely		Date of Receipt
Mailing Address 48 Douglas Hill		09 / 25 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 3789691
Norwich	VT 05055-9647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 235 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Duward T. Fulmer Mailing Address 307 Sagramore Ln			Date of Receipt
	Otata	7ia Cada	09 25 2007
City Simpsonville	State SC	Zip Code 29681-5757	Transaction ID: 3789692
FEC ID number of contributing federal political committee.	C	29001-37-37	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontis	st	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. James J. Brennan			Date of Receipt
Mailing Address 1480 Old Smithfield Ro	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3789693
North Smithfield	RI	02896-8218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontis	st	
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ken Fischer			Date of Receipt
Mailing Address 1467 N Wanda Rd #19	95		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3789694
Villa Park	CA	92867-5344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Orthodontis	st	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)	I		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 236 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any person name and address of any political committee to	
	ODONTISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. Mary Paula Zaytoun Mailing Address 809 Lakestone Dr		Date of Receipt
City	State Zip Code	0 9 2 5 2 0 0 7 Transaction ID: 3789697
Raleigh	NC 27609-6343	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Donald R. Burkhardt		Date of Receipt
Mailing Address 3659 Powderhorn Dr		09 / 25 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3789698
Okemos	MI 48864-5925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Randall P. Rigsby		Date of Receipt
Mailing Address 2344 Arriviste Way		09 / 25 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City	State Zip Code	Transaction ID: 3789699
<u>Pensacola</u>	FL 32504-5901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of	·	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (Check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee. ON COMMITTEE
Full Name (Last, First, Middle Initial) Dr. James A. Morrish, Jr. Mailing Address 3504 Riverview Blvd W City Bradenton FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code FL 34205-2632 C Occupation Orthodontist Aggregate Year-to-Date	Date of Receipt M M M CONTROL OF STREET OF ST
Full Name (Last, First, Middle Initial) Dr. David A. Morris Mailing Address 9244 Sandy Pines Ln City Hayes FEC ID number of contributing federal political committee.	State Zip Code VA 23072-3906 C	Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 25	50.00
Full Name (Last, First, Middle Initial) Dr. Lori L. Smith Mailing Address 4454 Leesburg Rd City	State Zip Code	Date of Receipt M
Marietta FEC ID number of contributing federal political committee.	GA 30066-2446	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date	50.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 238 / 262 (check only one) X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
AMERICAN ASSOCIATION OF ORTH	ODON11313 FC	DEITICAL ACTION CON	MINITIEL
Full Name (Last, First, Middle Initial) Dr. Robert E. Varner			Date of Receipt
Mailing Address 161 Birdie Lane			09 25 2007
City	State	Zip Code	Transaction ID: 3789703
Roseburg	OR	97470-9283	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth M. Hrechka			Date of Receipt
Mailing Address 7201 Ludwood Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3789704
Alexandria	VA	22306-2459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. J. Dean Jensen			Date of Receipt
Mailing Address 5881 Versailles Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: 3789712
Frisco	TX	75034-5957	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 239 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI	Statements may not be sold or used by any per ename and address of any political committee	
Full Name (Last, First, Middle Initial) Dr. Robert B. Moss, Jr. Mailing Address 349 Hickory Grove Ro City Leesburg FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code GA 31763-5310 C Occupation Orthodontist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3789713 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Petra Schubert Mailing Address 3801 Purdue City Dallas FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75225-7113 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M C D D C 2007 Transaction ID: 3789714 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. David C. Gehring Mailing Address 3805 Green Valley Ln City Toddville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IA 52341-9661 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M C D D C C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 240 / 262 (check only one) X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personsing the name and address of any political committee to ORTHODONTISTS POLITICAL ACTION COM-	
Full Name (Last, First, Middle Initial) Dr. William J. Quest Mailing Address 9705 N Oak Hill City Mooresville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	Ln State Zip Code IN 46158-6485 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thomas P. Rose Mailing Address 9642 Featherhill	250.00 Dr	Date of Receipt
City Villa Park FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code CA 92861-2616 C Occupation Orthodontist Aggregate Year-to-Date	Transaction ID: 3789717 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Glen F. Petrick Mailing Address 3615 La Costa F	250.00	Date of Receipt 0 9 1 1 2 0 0 7
City Missouri City FEC ID number of contributing federal political committee.	State Zip Code TX 77459-2406	Transaction ID: 3789718 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	ional)	750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 241 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Lisa Grant Mailing Address 1809 Redwood L		Date of Receipt
		09 11 2007
City Munster	State Zip Code IN 46321-5166	Transaction ID: 3789719 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Marlin S. Salmon		Date of Receipt
Mailing Address 412 Garden Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 3789720
<u>Batavia</u>	NY 14020-1718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Fred J. Alba	I	Date of Receipt
Mailing Address 12 Bridgeport Dr	rive	09 11 Y Y Y Y Y
City Mechanicsburg	State Zip Code PA 17050-7360	Transaction ID: 3789721 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	ional)	750.00

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH Full Name (Last, First, Middle Initial) Dr. Mary Anne C. Jenkins Mailing Address 17800 Jackson Mtn Re City Lonaconing FEC ID number of contributing federal political committee.	HODONTIST		
AMERICAN ASSOCIATION OF ORTH Full Name (Last, First, Middle Initial) Dr. Mary Anne C. Jenkins Mailing Address 17800 Jackson Mtn Re City Lonaconing FEC ID number of contributing federal political committee.	d SW State		Date of Receipt
Dr. Mary Anne C. Jenkins Mailing Address 17800 Jackson Mtn Re City Lonaconing FEC ID number of contributing federal political committee.	State	Zip Code	M M / D D / Y Y Y Y
Lonaconing FEC ID number of contributing federal political committee.		Zip Code	09 11 2007
federal political committee.		21539-1509	Transaction ID: 3789722 Amount of Each Receipt this Period
	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor	ntist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Goodwin G. Thomas, Jr.			Date of Receipt
Mailing Address 1462 Barrow Pt Rd			0 9 1 1 2 0 0 7
City	State	Zip Code	Transaction ID: 3789723
Rock Hill	SC	29732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Trosien			Date of Receipt
Mailing Address 8715 Waterwell Way			09 11 2007
City	State	Zip Code	Transaction ID: 3789724
Tracy	CA	95304-8112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor	ntist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDUL ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 243 / 262 (check only one) X
NAME OF CO	copied from such Reports and Sta al purposes, other than using the r DMMITTEE (In Full) I ASSOCIATION OF ORTHO			on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Dr. Susan M. I	ess 22 Surrey Ln	State PA	Zip Code 17050-7800	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 1 1 1 2 0 0 7 Transaction ID: 3789725 Amount of Each Receipt this Period
Name of Emp Self-Employe Receipt For:	oloyer d	Occupation Orthodor Aggregate		250.00
Dr. Robert H. I	ast, First, Middle Initial) Lindsey, Jr. ess 7306 W US Hwy 70	State TX	Zip Code 79072-0715	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 1 1 1 2 0 0 7 Transaction ID: 3789726 Amount of Each Receipt this Period
FEC ID numb federal politics Name of Emp Self-Employe Receipt For:	oloyer d	Occupation Orthodor	n	250.00
Dr. Cynthia L. Mailing Addre City Alpine	ess 573 Anderson Rd	State CA	Zip Code 91901-1504	Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Emp Self-Employe Receipt For: Primary Other (s		Occupation Orthodor Aggregate		
SUBTOTAL of	Leceipts This Page (optional))	750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 244 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any pers using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ceceilia M. Markham Mailing Address 2119 Susqueha		Date of Receipt
City	State Zip Code	0 9 1 1 2 0 0 7 Transaction ID: 3789728
Abington FEC ID number of contributing federal political committee.	PA 19001-4407	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Matthew J. Coats Mailing Address 3116 Overlook		Date of Receipt
City Highland Village FEC ID number of contributing	State Zip Code TX 75077-1839	Transaction ID: 3789729 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Charles P. Canepa	I	Date of Receipt
Mailing Address 16724 Edgewa	ter Dr	09 11 2007
City <u>Lakewood</u>	State Zip Code OH 44107-1106	Transaction ID: 3789738 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (or	otional)	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	· A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 245 / 262 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Scott Patrick Werner			Date of Receipt
Mailing Address 5335 Normandy R	Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3789739
Memphis	TN	38120-1942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gilbert A. Principe			Date of Receipt
Mailing Address 2461 Jennifer Hop	e Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3789740
Longwood	FL	32779-4725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Kristin R. Lundquist			Date of Receipt
Mailing Address 61 Pine St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3789741
<u>Mahtomedi</u>	MN	55115-1936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (option			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 246 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	tatements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. H. Eldon Attaway Mailing Address 2909 Pacific Ct City Irving FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75062-4690 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Jeffrey Thomas Cavanaugh Mailing Address 1848 Ashton Way City Chesterfield FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MO 63005-4580 C Occupation Orthodontist Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3803768 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. J. Todd Hunt Mailing Address 1695 Rood Point Rd City Muskegon FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MI 49441-4879 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3803770 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 247 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any person the name and address of any political committee to THODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Christopher M. Brieden Mailing Address 700 N Riverside City Saint Clair FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MI 48079-4261 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John F. Monticello Mailing Address 1650 Lake Dr SE City East Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code MI 49506-2876 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3810487 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Melissa Wilson Venrick Mailing Address 1055 Willow Creek (City Longmont FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code CO 80503-7592 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3810488 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Orthodontist Aggregate Year-to-Date ▼ 250.00	750.00

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 248 / 262 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may name and add	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO	DDONTIST	S POLITICAL ACTION COM	1MITTEE
Full Name (Last, First, Middle Initial) Dr. David C. Spokane			Date of Receipt
Mailing Address 108 Brian Dr			10 05 YYYYY 10 05 2007
City Beaver	State PA	Zip Code 15009-9794	Transaction ID: 3810489
FEC ID number of contributing federal political committee.	C	15009-9794	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. James E. Hatcher			Date of Receipt
Mailing Address 147 Inwood Tr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3810490
Madison	AL	35758	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Barry Walvoord			Date of Receipt
Mailing Address 788 Stables Ct W			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3843208
Highwood	IL	60040-2054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 249 / 262 (check only one) X
Any information copied from or for commercial purposes NAME OF COMMITTE	s, other than using the name and	nay not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	•	STS POLITICAL ACTION COI	MMITTEE
Full Name (Last, First, I Dr. M. Donald Hayes			Date of Receipt
Mailing Address 737 City	Timberlane State	Zip Code	10 19 2007 Transaction ID: 3843870
Wilmington	OH	45177-2560	Amount of Each Receipt this Period
FEC ID number of cont federal political committed	ributing	1 1 1 1 1 1	1000.00
Name of Employer Self-Employed	Occupa Orthoo		
Receipt For:	Aggreg	ate Year-to-Date ▼	
Primary Other (specify) ▼	General	1000.00	
Full Name (Last, First, I Dr. Sidney M. Craft	, , , , , , , , , , , , , , , , , , ,		Date of Receipt
	7 Wanakah Dr		10 19 2007
City	State	Zip Code	Transaction ID: 3846645
<u>Houston</u>	TX	77069-2644	Amount of Each Receipt this Period
FEC ID number of cont federal political committ	ee.		250.00
Name of Employer Self-Employed	Occupa Orthoo		
Receipt For:		ate Year-to-Date ▼	_
Primary Other (specify) ▼	General	250.00	
Full Name (Last, First, I Dr. Geralyn Menold	Middle Initial)		Date of Receipt
	78 Meadow Ridge Rd		10 19 2007
City	State	Zip Code	Transaction ID: 3846646
Salinas	CA	93907-1642	Amount of Each Receipt this Period
FEC ID number of cont federal political committ	ee.		250.00
Name of Employer Self-Employed	Occupa Orthod	lontist	
Receipt For:		ate Year-to-Date ▼	_
Primary Other (specify) ▼	General	250.00	
SUBTOTAL of Receipts	This Page (optional)		1500.00
	page this line number only)	<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	and Statements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal	FOR LINE NUMBER: PAGE 250 / 262 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	<u>-</u>		
Full Name (Last, First, Middle Initial) Dr. Thomas G. Rice Mailing Address 27 Washington St			Date of Receipt
City	State	Zip Code	1 0 1 9 2 0 0 7 Transaction ID: 3846647
Bath	ME	04530-1636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert S. Portenga			Date of Receipt
Mailing Address 6387 Peninsula Dr			10 19 2007
City Traverse City	State MI	Zip Code 49686-1917	Transaction ID: 3846648
FEC ID number of contributing federal political committee.	C	43000-1917	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Stephen J. Larson			Date of Receipt
Mailing Address 451 Rinconada Ct			10 22 Y Y Y Y Y Y
City Los Altos	State CA	Zip Code 94022-3808	Transaction ID: 3848943 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		750.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 251 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to ORTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Patricia B. Timmeny Mailing Address 3 Premier Drive		Date of Receipt 1 0 2 4 2 0 0 7
City Londonderry	State Zip Code NH 03053-6122	Transaction ID: 3848947 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. A. Page Jacobson Mailing Address 14128 NW 15th I	_n	Date of Receipt 1 0 2 4 2 0 0 7
City	State Zip Code	Transaction ID: 3848949
Gainesville	FL 32606-5200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Robert A. Arnold		Date of Receipt
Mailing Address 800 Hidden Valle	ey Dr	10 24 2007
City	State Zip Code	Transaction ID: 3848950
Watertown FEC ID number of contributing federal political committee.	SD 57201-5457	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 252 / 262 (check only one) X 11a
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	MERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION COM	MMITTEE
4. <u>D</u> i	ull Name (Last, First, Middle Initial) r. S. Grayson Eddy, Jr. ailing Address 5148 Buckhead Trail			Date of Receipt
Ci		State	Zip Code	10 24 2007
	noxville	TN	37919-8903	Transaction ID: 3849611 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na Se	ame of Employer elf-Employed	Occupatio Orthodo		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3. <u>Dı</u>	ull Name (Last, First, Middle Initial) r. Carolyn Melita	1		Date of Receipt
IVI:	ailing Address 17 Milford St. #3			11 06 7 9 9 9
Ci	ity oston	State MA	Zip Code	Transaction ID: 3893979
FE	EC ID number of contributing deral political committee.	C	02118-3613	Amount of Each Receipt this Period
Na Se	ame of Employer elf-Employed	Occupation Orthodol		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	ull Name (Last, First, Middle Initial) r. Luis E. Gonzalez			Date of Receipt
M	ailing Address Tintillo Rd #517 Tintill	o Hills		11 07 2007
Ci	ity iuaynabo	State PR	Zip Code 00966	Transaction ID: 3893990 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C		250.00
Na Se	ame of Employer elf-Employed	Occupatio Orthodo		
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUB	RTOTAL of Receipts This Page (optional)			1500.00
тот	AL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 253 / 262 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
Full Name (Last, First, Middle Initial) Dr. Phillip J. Santucci Mailing Address 20517 N 93rd Pl			Date of Receipt 1 1 1 1 6 2 0 0 7
City	State	Zip Code	11 16 2007 Transaction ID: 3914845
Scottsdale	AZ	85255-6622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Nick S. Palmer	<u> </u>		Date of Receipt
Mailing Address 38423 Hidden Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 3994573
Clinton Township	MI	48036-1828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. R. Cary Bocklet	1		Date of Receipt
Mailing Address 4940 Hideaway Pointe	,		12 17 2007
City	State	Zip Code	Transaction ID: 3994574
Hollywood	SC	29449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 254 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		son for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Frederic C. Sterritt		Date of Receipt
Mailing Address 464 S Horizon Way		12 27 2007
City Branchburg	State Zip Code NJ 08853-4026	Transaction ID: 4003276 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Dennis D. Kommer		Date of Receipt
Mailing Address 4806 Pommel PI		12 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4003277
West Des Moines	IA 50265-2937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. James W. Dougherty	1	Date of Receipt
Mailing Address 206 Westchester Dr		12 27 Y Y Y Y Y Y
City Griffin	State Zip Code GA 30223-8300	Transaction ID: 4003278
FEC ID number of contributing federal political committee.	C 30223-6300	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 255 / 262 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
1 \	ORTHODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Jason Schmit		Date of Receipt
Mailing Address 3100 Pinney Woo	ods Ct SE	12 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4004005
Cedar Rapids	IA 52403-1973	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas D. Barone		Date of Receipt
Mailing Address 19 Fair Oaks Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4151768
Lincoln	RI 02865-4523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$25-0.00
Full Name (Last, First, Middle Initial) Dr. Carly Cunningham		Date of Receipt
Mailing Address 3400 Welborn St	#428	0 8 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4151769
<u>Dallas</u>	TX 75219-5215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0
SUBTOTAL of Receipts This Page (optic	onal)	250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 256 / 262 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stator commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO	S POLITICAL ACTION COM	MITTEE	
	Full Name (Last, First, Middle Initial) Dr. Mitchell B. Silverman Mailing Address 8520 Snakedance Ct NE	<u> </u>		Date of Receipt
	City	State	Zip Code	0 7 3 0 2 0 0 7 Transaction ID: 4151770
	Albuquerque FEC ID number of contributing federal political committee.	C	87111-7169	Amount of Each Receipt this Period 0.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0

SUBTOTAL of Receipts This Page (optional)	>	0.00
TOTAL This Period (last page this line number only)	•	202300.00

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CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)				NUMBER:		PAGE 257/262				
EMIZED DISBURSEMENTS		category of the Summary Page		21b 27	2	′ –	X 23 28b	\mathbf{L}	24 28c	25 29	F	26 30b
ny Information copied from such Reports and State for commercial purposes, other than using the nar												
NAME OF COMMITTEE (In Full)	Tie and addres	ss of arry political	COMMIN	iee io s	Olicit C	OHUIL	outions ii	OIII SU	ich co	mmuee	•	
AMERICAN ASSOCIATION OF ORTHOD	OONTISTS	POLITICAL AC	CTION	COMI	MITTE	EE						
Full Name (Last, First, Middle Initial)					Tr	ansa	ction ID	: 409	5415			
Tom Cole for Congress					_		Disburs		:			
Mailing Address PO Box 722256						М 9 M	/ D	26	Y	žoŏ	7 ^Y	
City	State	Zip Code			Aı	moun	t of Each	n Disb	ursem	ent this	Perio	od
Norman	OK	73070			[-				5000.0	nn	
Purpose of Disbursement Candidate Name			01 Cate						•	3000.0	00	
Tom Cole			Тур									
	Sement For: X Primary Other (spe	2008 General										
Full Name (Last, First, Middle Initial)					Tr	anea	ction ID	. / 10:	8551			
Lindsey Graham for Senate							Disburs					
Mailing Address PO Box 1155					-	м м 1 2	/ D	2 1	Y	ž 0 ŏ	7 ^Y	
City	State	Zip Code			Aı	moun	t of Each	n Disb	ursem	ent this	Perio	od .
Seneca	SC	29679			Г		•			2500.0	00	
Purpose of Disbursement Contribution: Lindsey O. Graham (SC-R)			01	1		•				2300.0	00	Ш
Candidate Name Lindsey Graham			Cate Typ									
	sement For: Control Control	2008 General			Co Gr	ontrik ahar	oution: I n (SC-I	_inds R)	ey O			
Full Name (Last, First, Middle Initial)					_			440	0550			
Friends of Jack Kingston					D	ate of	Ction ID Disburs	ement		V V	V	
Mailing Address PO Box 2133					L	м м 12		21	L	ž 0 Ŏ	7	
City Savannah	State GA	Zip Code 31402			Aı	moun	t of Each	n Disb	ursem	ent this	Perio	od
Purpose of Disbursement	<u> </u>	31402			- [5000.0	00	\neg
Contribution: Jack Kingston (GA-1-R)			01	1	-	-			•			_
Candidate Name Jack Kingston			Cate Typ									
	sement For: X Primary Other (spe	2008 General			Co	ontrib I (GA	oution: (-1-R)	Jack I	Kings	st-		
UBTOTAL of Disbursements This Page (optional)			<u> </u>					1	2500.0	00	
OTAL This Period (last page this line number only	v)			•			•					\Box
AN026						EEC	Schedu	lo P /	Eorm	2V) (D	ovice	400

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ITEMIZED DISBURSE	MENTS	for each category of the Detailed Summary Pa		21	<u> </u>	X	23 28b	24 28		25 29	26 30
Any Information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F	than using the name a										
AMERICAN ASSOCIATION	N OF ORTHODO	NTISTS POLITICA	L ACTIC	N CO	MMITTEI	Ξ					
Full Name (Last, First, Middle Knollenberg For Congress	,				Dat	e of D	isburse			, · · · ·	V
Mailing Address 31000 T	elegraph Road #1	10			1 ^M	2 "	[′] 2	1 1	2	0 ŏ 7	
City Bingham Farms	St M	ate Zip Code II 48025			Am	ount o	f Each	Disbur		nt this P	
Purpose of Disbursement Candidate Name				011] -		•		D	00.00	,
Rep. Joe Knollenberg Office Sought: X House	Disbursem	ent For: 2008		tegory/ Type							
Senate Preside	ent X F	Primary Gene Other (specify) ▼	eral								
State: MI District: 09 Full Name (Last, First, Middle Friends Of Kevin O'Neill					Tra	nsact	ion ID:	41502	266		
Friends Of Kevin O'Neill					Dat 	e of D	isburse	ement		0 ŏ 7	Υ
Mailing Address PO Box	302				1	Ů	3	1		2007	
City Williamsburg	St V	ate Zip Code A 23187			Am	ount o	f Each	Disbur		nt this P	
Purpose of Disbursement			_	011] _		•		D	00.00	,
Candidate Name Mr. Kevin O'Neill				itegory/ Type							
Office Sought: X House Senate Preside	ent X C	Primary General Genera	eral								
State: VA District: 0° Full Name (Last, First, Middle Friends Of Kevin O'Neill		Primary2007			-		-	41502	267		
Mailing Address PO Box	302				1	М	isburse	nent 1	Y	2 0 ŏ 7	Y
City Williamsburg		ate Zip Code A 23187			Am	ount o	f Each	Disbur	semer	nt this P	eriod
Purpose of Disbursement		20107		011	T L				5	00.00)
Candidate Name Mr. Kevin O'Neill				itegory/ Type							
Office Sought: X House Senate Preside		ent For: 2007 Primary Gene Other (specify)	eral								
State: VA District: 0		General2007									

CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b	NUMBER: PAGE 259 / 26 / one) 22 X 23 24 25
ny Information copied from such Reports and Staten		by any person f	28a 28b 28c 29
r for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHOD	ONTISTS POLITICAL AC	CTION COMM	ITTEE
Full Name (Last, First, Middle Initial) Price For Congress			Transaction ID: 4150265 Date of Disbursement
Mailing Address P.O. Box 425			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} & \begin{smallmatrix} M \\ \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D \\ Z \end{smallmatrix} & \begin{bmatrix} D \\ E \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Z & O & O & T \end{bmatrix}^Y \end{bmatrix}$
City Roswell	State Zip Code GA 30077		Amount of Each Disbursement this Peri
Purpose of Disbursement		011	5000.00
Candidate Name Rep. Thomas Price, M.D.		Category/ Type	
1 -	ement For: 2008 Primary General Other (specify)		
State: GA District: 06	· · · ·		
Full Name (Last, First, Middle Initial) Dave Reichert for Congress			Transaction ID: 4108550 Date of Disbursement
Mailing Address PO Box 53322			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} Y$
City Bellevue	State Zip Code WA 98015		Amount of Each Disbursement this Per
Purpose of Disbursement Contribution: David Reichert (WA-8-R)	30010	011	5000.00
Candidate Name David Reichert		Category/ Type	
Senate X President	ement For: 2008 Primary General Other (specify)		Contribution: David Reichert (WA-8-R)
State: WA District: 08			
Full Name (Last, First, Middle Initial) Dave Reichert for Congress			Transaction ID: 4108551 Date of Disbursement
Mailing Address PO Box 53322			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} 2 \stackrel{D}{G} \\ \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} 2 \stackrel{Y}{O} \stackrel{Y}{O} \stackrel{Y}{O} \stackrel{Y}{O} \\ \end{smallmatrix} $
City Bellevue	State Zip Code WA 98015		Amount of Each Disbursement this Peri
Purpose of Disbursement Contribution: David Reichert (WA-8-R)		011	5000.00
Candidate Name David Reichert		Category/ Type	
Office Sought: X House Disburse Senate President	ement For: 2008 Primary X General Other (specify)		Contribution: David Reichert (WA-8-R)
State: WA District: 08			
CURTOTAL of Dishurasments This Dags (critically			15000.00
SUBTOTAL of Disbursements This Page (optional)		<u></u>	13000.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)					AGE	260 /	262	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	nly one) 22 🛛 23 🗍 24 📗 25			25	☐ 26		
	Detailed Summary Page	27	28a	_	28b	28c		29	30b
Any Information copied from such Reports and State									3
or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)	le and address of any political co	ommittee to so	olicit contrit	butio	ons tro	m sucn	comi	nittee	
AMERICAN ASSOCIATION OF ORTHOD	ONTISTS POLITICAL ACT	TON COMM	IITTEE						
Full Name (Last, First, Middle Initial) Ryan For Congress			Date of	f Dis	burse				
Mailing Address P. O. Box 1919			12	/	^D 2	1 /	Ź	0 ŏ 7	7 ^Y
City Janesville	State Zip Code WI 53547		Amoun	nt of	Each	Disburse	emer	t this f	Period
Purpose of Disbursement	Γ	011					5	0.000	0
Candidate Name Rep. Paul Ryan		Category/ Type							
ů K	ement For: 2008 Primary General Other (specify)								
State: WI District: 01									
Full Name (Last, First, Middle Initial) Pete Sessions for Congress			Transa Date of			410855 ment	5		
Mailing Address PO Box 140970			12	/	^D 2	^D /	Ž	0 ŏ 7	7 ^Y
City Dallas	State Zip Code TX 75214		Amount of Each Disbursement this Per 2500.00			Period			
Purpose of Disbursement Contribution: Pete Sessions (TX-32-R)		011				0			
Candidate Name Pete Sessions		Category/ Type							
Senate President	ement For: 2008 Primary General Other (specify)		Contrib ns (TX			ete Ses	sio-		
State: TX District: 32									
Full Name (Last, First, Middle Initial) Team Sununu			Date of	f Dis	burse				
Mailing Address PO Box 500			10	/	0	9 /	2	0 ŏ 7	7 *
City Rye	State Zip Code NH 03870		Amoun	nt of	Each I	Disburse			
Purpose of Disbursement Contribution: John E. Sununu (NH-R)		011	5000.00			0			
Candidate Name John Sununu		Category/ Type							
	ement For: 2008 Primary General Other (specify)		Contrik unu (N			ohn E. S	Sun	-	
SUBTOTAL of Disbursements This Page (optional)				*			125	500.0	0
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TOTAL This Period (last page this line number only)								

В.

SCHEDULE B (FEC Form 3X)		FOR LINE	NE NUMBER: PAGE 261 / 262							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only								
II EMIZED DISBURSEMENTS	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 28c	25 29	26 30b				
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name						S				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHODO	ONTISTS POLITICAL AC	TION COMM	ITTEE							
Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazque	z To Congre		Transaction ID: 4 Date of Disbursen	nent	V V	V				
Mailing Address 315 Inspiration Lane			12 / 19		žoŏ7 [×]					
	State Zip Code MD 20878		Amount of Each D							
Purpose of Disbursement		011			5000.0	00				
Candidate Name Rep. Nydia Velazquez		Category/ Type								
Office Sought: X House Senate President State: NY District: 12	nent For: 2008 Primary General Other (specify)									
Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazque	z To Congre		Transaction ID: 4 Date of Disbursen							
Mailing Address 315 Inspiration Lane			12 / 21	D / Y	ž 0 ŏ 7	7 ^Y				
,	State Zip Code MD 20878		Amount of Each D							
Purpose of Disbursement		011	L		5000.0	00				
Candidate Name Rep. Nydia Velazquez		Category/ Type								
Office Sought: X House Disburser Senate President	ment For: 2008 Primary X General Other (specify) ▼									

SUBTOTAL of Disbursements This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	•	65000.00

State: NY

District: 12

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		INE NUMBER: PAGE 262		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 23 2 X 28a 28b	24 25 26 28c 29 30b	
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
AMERICAN ASSOCIATION OF ORTHODO	NTISTS POLITICAL AC	CTION COMM	IITTEE		
Full Name (Last, First, Middle Initial) Dr. Nicholas D. Barone			Transaction ID: 3 Date of Disbursem		
Mailing Address 19 Fair Oaks Dr			09 / 19	['] 2007	
,	tate Zip Code RI 02865-4523		Amount of Each D	isbursement this Period	
Purpose of Disbursement		010		250.00	
Candidate Name		Category/ Type			
President	nent For: Primary General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) Dr. Carly Cunningham			Transaction ID: 3	ent	
Mailing Address 3400 Welborn St #428			08 / 21	Ž O O T	
,	tate Zip Code X 75219-5215		Amount of Each D	isbursement this Period	
Purpose of Disbursement Candidate Name		010		250.00	
		Category/ Type			
President	nent For: Primary General Other (specify)				
State: District: Full Name (Last, First, Middle Initial) Dr. Mitchell B. Silverman			Transaction ID: 3		
Mailing Address 8520 Snakedance Ct NE			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$	2007	
	tate Zip Code IM 87111-7169		Amount of Each D	isbursement this Period	
Purpose of Disbursement		010		250.00	
Candidate Name		Category/ Type			
	nent For: Primary General Other (specify)				
				750.00	
SUBTOTAL of Disbursements This Page (optional)				750.00	
TOTAL This Period (last page this line number only)	······			7 30.00	